

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly 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 (12G)  
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 01 01 2011 through 06 30 2011

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 Michael Campbell  
Signature of Treasurer Electronically Filed by Michael Campbell Date 07 22 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		16698.52
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	16698.52									
(c) Total Receipts (from Line 19) .....	11242.50	11242.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27941.02	27941.02								
7. Total Disbursements (from Line 31) .....	10000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17941.02	17941.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	3345.00	3345.00
(ii) Unitemized .....	7897.50	7897.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11242.50	11242.50
(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) .....	11242.50	11242.50
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 Transfer (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)) .....	11242.50	11242.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11242.50	11242.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

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 .....	11242.50	11242.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11242.50	11242.50
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: PAGE 6 / 19  
(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

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.**

Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 1419 Idlewild Blvd		<b>Transaction ID:</b> SA11AI.21748
City Fredericksburg	State VA	Zip Code 22401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 1419 Idlewild Blvd		<b>Transaction ID:</b> SA11AI.21851
City Fredericksburg	State VA	Zip Code 22401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**C.**

Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 06 / 22 / 2011
Mailing Address 1419 Idlewild Blvd		<b>Transaction ID:</b> SA11AI.21965
City Fredericksburg	State VA	Zip Code 22401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19  
(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 (Last, First, Middle Initial) Paul Lavrey		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 3495 Pleasant Grove Drive		<b>Transaction ID:</b> SA11AI.21859
City Ijamsville	State MD	Zip Code 21754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer GEICO	Occupation Director	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Paul Lavrey		Date of Receipt MM / DD / YYYY 06 / 22 / 2011
Mailing Address 3495 Pleasant Grove Drive		<b>Transaction ID:</b> SA11AI.21973
City Ijamsville	State MD	Zip Code 21754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer GEICO	Occupation Director	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) John W McCutcheon		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 19218 Tattershall Drive		<b>Transaction ID:</b> SA11AI.21874
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(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.** Full Name (Last, First, Middle Initial)  
John W McCutcheon

Mailing Address 19218 Tattershall Drive

City State Zip Code  
Germantown MD 20874

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
GEICO VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2011  
Transaction ID: SA11AI.21985

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Paul W Measley

Mailing Address 9539 E. Surprise Canyon Ct.

City State Zip Code  
Tucson AZ 85748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
GEICO Reg Liab Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2011  
Transaction ID: SA11AI.21877

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Paul W Measley

Mailing Address 9539 E. Surprise Canyon Ct.

City State Zip Code  
Tucson AZ 85748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
GEICO Reg Liab Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2011  
Transaction ID: SA11AI.21988

Amount of Each Receipt this Period 40.00

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 9 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Miller		Date of Receipt
	Mailing Address 3025 Amherst Avenue		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dallas	TX	75225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21878
Name of Employer GEICO		Occupation Regional VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="40.00"/>
			Payroll deduction \$20.00 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Miller		Date of Receipt
	Mailing Address 3025 Amherst Avenue		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dallas	TX	75225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21989
Name of Employer GEICO		Occupation Regional VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="40.00"/>
			Payroll deduction \$20.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21568
Name of Employer GEICO		Occupation President-Insurance operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="170.00"/>
			Payroll deduction \$85.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21677
Name of Employer GEICO		Occupation President-Insurance operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 255.00
		<input type="text"/> 595.00	Payroll deduction \$85.00 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21775
Name of Employer GEICO		Occupation President-Insurance operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 765.00	Payroll deduction \$85.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21883
Name of Employer GEICO		Occupation President-Insurance operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 185.00
		<input type="text"/> 950.00	Payroll deduction \$100.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 610.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 22 / 2011
	City	State	Zip Code
	Great Falls	VA	22066
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.21994
Name of Employer GEICO		Occupation President-Insurance operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 1150.00	Payroll deduction \$100.00 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Leigh Pierce		Date of Receipt
	Mailing Address 100 Queen Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2011
	City	State	Zip Code
	Alexandria	VA	22314
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.21684
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 280.00	Payroll deduction \$40.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Leigh Pierce		Date of Receipt
	Mailing Address 100 Queen Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 28 / 2011
	City	State	Zip Code
	Alexandria	VA	22314
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.21782
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 360.00	Payroll deduction \$40.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19

(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 (Last, First, Middle Initial)

Nancy Leigh Pierce

Mailing Address 100 Queen Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee.

C

Name of Employer  
GEICO

Occupation  
VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.21891

Amount of Each Receipt this Period

80.00

Payroll deduction \$40.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)

Nancy Leigh Pierce

Mailing Address 100 Queen Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee.

C

Name of Employer  
GEICO

Occupation  
VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.22001

Amount of Each Receipt this Period

80.00

Payroll deduction \$40.00  
biweekly

**C.**

Full Name (Last, First, Middle Initial)

Dana Proutx

Mailing Address 1011 Avery Court, S.W.

City State Zip Code  
Vienna VA 22180

FEC ID number of contributing federal political committee.

C

Name of Employer  
GEICO

Occupation  
Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.21785

Amount of Each Receipt this Period

50.00

Payroll deduction \$25.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**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 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt
	Mailing Address 1011 Avery Court, S.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21894
Name of Employer GEICO		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 50.00
			Payroll deduction \$25.00 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt
	Mailing Address 1011 Avery Court, S.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 22 / 2011
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22004
Name of Employer GEICO		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			Payroll deduction \$25.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) John W Quagliato		Date of Receipt
	Mailing Address 924 Beacon Square Court #326		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21895
Name of Employer GEICO		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 40.00
			Payroll deduction \$20.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John W Quagliato	Date of Receipt MM / DD / YYYY 06 / 22 / 2011
	Mailing Address 924 Beacon Square Court #326	<b>Transaction ID:</b> SA11AI.22005
	City Gaithersburg State MD Zip Code 20878	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$20.00 biweekly
	Name of Employer GEICO Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Roberts	Date of Receipt MM / DD / YYYY 02 / 17 / 2011
	Mailing Address 708 STILLWATER ROAD	<b>Transaction ID:</b> SA11AI.21582
	City GIBSON ISLAND State MD Zip Code 21056	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$75.00 biweekly
	Name of Employer GEICO Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Roberts	Date of Receipt MM / DD / YYYY 03 / 30 / 2011
	Mailing Address 708 STILLWATER ROAD	<b>Transaction ID:</b> SA11AI.21691
	City GIBSON ISLAND State MD Zip Code 21056	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$75.00 biweekly
	Name of Employer GEICO Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>415.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 708 STILLWATER ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	City	State	Zip Code
	GIBSON ISLAND	MD	21056
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21789
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 675.00	Payroll deduction \$75.00 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 708 STILLWATER ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 1 1
	City	State	Zip Code
	GIBSON ISLAND	MD	21056
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21901
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 875.00	Payroll deduction \$100.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 708 STILLWATER ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	City	State	Zip Code
	GIBSON ISLAND	MD	21056
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22009
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1125.00	Payroll deduction \$125.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 16 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Louis Simpson	Date of Receipt MM / DD / YYYY 03 / 30 / 2011
	Mailing Address 700 Kings Town Drive	<b>Transaction ID:</b> SA11AI.21700
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$50.00 biweekly
	Name of Employer Occupation Plaza Investment Managers President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 04 / 28 / 2011
	Mailing Address 1708 Dalwood Meadows	<b>Transaction ID:</b> SA11AI.21804
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 1708 Dalwood Meadows	<b>Transaction ID:</b> SA11AI.21921
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Thomas		Date of Receipt MM / DD / YYYY 06 / 22 / 2011		
	Mailing Address 1708 Dalwood Meadows		Transaction ID: SA11AI.22027		
	City Virginia Beach	State VA	Zip Code 23455	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly		
	Name of Employer GEICO	Occupation AVP	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Zarcone		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 219 Westchester Drive		Transaction ID: SA11AI.21930		
	City Macon	State GA	Zip Code 31210	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 biweekly		
	Name of Employer GEICO	Occupation VP	Aggregate Year-to-Date 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Zarcone		Date of Receipt MM / DD / YYYY 06 / 22 / 2011		
	Mailing Address 219 Westchester Drive		Transaction ID: SA11AI.22036		
	City Macon	State GA	Zip Code 31210	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 biweekly		
	Name of Employer GEICO	Occupation VP	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3345.00

**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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: SB23.21611 Date of Disbursement
	Mailing Address Box 637	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Judy Biggert for Congress	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Massachusetts Democratic State Committee Fed PAC	Transaction ID: SB23.21613 Date of Disbursement
	Mailing Address 56 Roland Street Suite 203	<input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Massachusetts Democratic State Committee Fed PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: SB23.21617 Date of Disbursement
	Mailing Address c/o Senator Ben Nelson 420 C Street, NE	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Nelson 2012	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Property Casualty Insurers PAC	Transaction ID: SB23.21614 Date of Disbursement
	Mailing Address 2600 South River Road	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Des Plains State IL Zip Code 60018-3286	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name Property Casualty Insurers PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS	Transaction ID: SB23.21618 Date of Disbursement
	Mailing Address P.O. BOX 905	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City NEWTON State NJ Zip Code 07860	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name SCOTT GARRETT FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT RIGELL FOR CONGRESS	Transaction ID: SB23.22040 Date of Disbursement
	Mailing Address 915 First Colonial Road Suite 100	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23454	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name SCOTT RIGELL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type

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

**7000.00**

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

**1000.00**