

**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**
CITY **STATE** **ZIP CODE**

3. **IS THIS REPORT** **NEW (N)** **OR** **X** **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)
 Mar 20 (M3)
 Apr 20 (M4)
 May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)
 Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)
 Nov 20 (M11) (Non-Election Year Only)
 Dec 20 (M12) (Non-Election Year Only)
 Jan 31 (M13)
 (c) 12-Day **PRE**Election Report for the:
 Primary (12P)
 Convention (12C)
 General (12G)
 Special (12S)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the:
 General (30G)
 Runoff (30R)
 Special (30S)
 Election on _____ in the State of _____

5. Covering Period 01 01 2002 through 03 31 2002

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 **06 05 2002**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 2 To: ^h 0 3 ^D 3 1 ^v / ^v 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 2		19633.42
(b) Cash on Hand at Beginning of Reporting Period	19633.42	
(c) Total Receipts (from Line 19)	6314.00	6314.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25947.42	25947.42
7. Total Disbursements (from Line 30)	9000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16947.42	16947.42
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}2002

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)	1199.00	
(ii) Unitemized	5115.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6314.00	6314.00
(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 32, page 4)	6314.00	6314.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	6314.00	6314.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	6314.00	6314.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	9000.00	9000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	9000.00	9000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	9000.00	9000.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6314.00	6314.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6314.00	6314.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
 Charles Davies
 Mailing Address
 157 Culpaper Street
 City State Zip Code
 Warrenton VA 22186
 Date of Receipt
 M M / D D / Y Y Y Y
 02 28 2002
 Amount of Each Receipt this Period
 100.00
 Name of Employer Occupation
 GEICO VP
 Payroll deduction \$50.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: SA11A1.8329

B. Full Name (Last, First, Middle Initial)
 Charles Davies
 Mailing Address
 157 Culpaper Street
 City State Zip Code
 Warrenton VA 22186
 Date of Receipt
 M M / D D / Y Y Y Y
 03 27 2002
 Amount of Each Receipt this Period
 100.00
 Name of Employer Occupation
 GEICO VP
 Payroll deduction \$50.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Transaction ID: SA11A1.8474

C. Full Name (Last, First, Middle Initial)
 Olan Nicely
 Mailing Address
 805 Nethercliffe Hall Road
 City State Zip Code
 Great Falls VA 22066
 Date of Receipt
 M M / D D / Y Y Y Y
 01 31 2002
 Amount of Each Receipt this Period
 231.00
 Name of Employer Occupation
 GEICO President-Insurance operations
 Payroll deduction \$77.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00
 Transaction ID: SA11A1.8213

SUBTOTAL of Receipts This Page (optional) ▶ **431.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ~~Olga~~ Nicely

Mailing Address

805 Nethercliffe Hall Road

City

State

Zip Code

Great Falls

VA

22066

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2002

Amount of Each Receipt this Period

154.00

FEC ID number of contributing
federal political committee.

Name of Employer
GEICO

Occupation

President-Insurance operations

Payroll deduction \$77.00
biweekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Transaction ID: SA11A1.8343

Full Name (Last, First, Middle Initial)

B. ~~Olga~~ Nicely

Mailing Address

805 Nethercliffe Hall Road

City

State

Zip Code

Great Falls

VA

22066

Date of Receipt

N M / D E / Y Y Y Y
03 / 27 / 2002

Amount of Each Receipt this Period

154.00

FEC ID number of contributing
federal political committee.

Name of Employer
GEICO

Occupation

President-Insurance operations

Payroll deduction \$77.00
biweekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Transaction ID: SA11A1.8488

Full Name (Last, First, Middle Initial)

C. Jess Reed

Mailing Address

8500 Hawkins Creamery Road

City

State

Zip Code

Gaithersburg

MD

20879

Date of Receipt

N M / D E / Y Y Y Y
03 / 27 / 2002

Amount of Each Receipt this Period

60.00

FEC ID number of contributing
federal political committee.

Name of Employer
GEICO

Occupation

VP

Payroll deduction \$30.00
biweekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: SA11A1.8492

SUBTOTAL of Receipts This Page (optional) ▶ **368.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 William Roberts
 Mailing Address
 6529 79th Place
 City State Zip Code
 Cabin John MD 20818
 Date of Receipt
 M M / D D / Y Y Y Y
 02 28 2002
 Amount of Each Receipt this Period
 100.00
 Name of Employer Occupation Payroll deduction
 GEICO VP \$50.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 250.00
 Transaction ID: SA11A1.8349

B. Full Name (Last, First, Middle Initial)
 William Roberts
 Mailing Address
 6529 79th Place
 City State Zip Code
 Cabin John MD 20818
 Date of Receipt
 M M / D D / Y Y Y Y
 03 27 2002
 Amount of Each Receipt this Period
 100.00
 Name of Employer Occupation Payroll deduction
 GEICO VP \$50.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 350.00
 Transaction ID: SA11A1.8494

C. Full Name (Last, First, Middle Initial)
 Louis Simpson
 Mailing Address
 P. O. Box 1943
 City State Zip Code
 Rancho Santa Fe CA 92067
 Date of Receipt
 M M / D D / Y Y Y Y
 02 28 2002
 Amount of Each Receipt this Period
 100.00
 Name of Employer Occupation Payroll deduction
 Plaza Investment Managers President - Capital operations \$50.00 biweekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 250.00
 Transaction ID: SA11A1.8355

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Louis Simpson

Mailing Address
P. O. Box 1943

City State Zip Code
Rancho Santa Fe CA 92067

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Plaza Investment Managers President - Capital operations

Payroll deduction \$50.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **350.00**

Transaction ID: SA11A1.8500

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	1199.00

**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)

PAGE 9/11

<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				

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ed Schrock for Congress		Date of Disbursement 02 / 27 / 2002	
Mailing Address PO Box 61480 City: Virginia Beach State: VA Zip Code: 23466		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution - ck #1053 Candidate Name: Ed Schrock for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type		Transaction ID: SB23.8372	

Full Name (Last, First, Middle Initial) B. Friends of Connie Morella		Date of Disbursement 01 / 14 / 2002	
Mailing Address 7101 Wisconsin Ave. #201 City: Bethesda State: MD Zip Code: 20814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution - check #1049 Candidate Name: Friends of Connie Morella Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type		Transaction ID: SB23.8362	

Full Name (Last, First, Middle Initial) C. Friends of Dave Weldon		Date of Disbursement 03 / 08 / 2002	
Mailing Address PO Box 16021 City: Alexandria State: VA Zip Code: 22302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution - ck #1054 Candidate Name: Friends of Dave Weldon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type		Transaction ID: SB23.8374	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 10 / 11

<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				

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. George Allen Committee			Date of Disbursement 03 / 06 / 2002	
Mailing Address 1805 Monument Dr. City: Richmond State: VA Zip Code: 23220			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution - ck #1055			Category/ Type	
Candidate Name George Allen Committee				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.8376	
State: VA District:				

Full Name (Last, First, Middle Initial) B. John Comyn for Senate			Date of Disbursement 01 / 16 / 2002	
Mailing Address PO Box 13026 City: Austin State: TX Zip Code: 78711			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution - check #1050			Category/ Type	
Candidate Name John Comyn for Senate				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.8365	
State: TX District:				

Full Name (Last, First, Middle Initial) C. NAIPAC			Date of Disbursement 02 / 05 / 2002	
Mailing Address 2800 River Road City: Des Plaines State: IL Zip Code: 60018-3286			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement contribution - check #11051			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.8367	
State: District:				

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)

PAGE 11 / 11

<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				

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Pryce for Congress Committee</p> <p>Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314</p> <p>Purpose of Disbursement contribution - check #1048</p> <p>Candidate Name Pryce for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p>	<p>Date of Disbursement 01 / 04 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.8638</p>
<p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p> <p>Category/Type</p>	

<p>B. Full Name (Last, First, Middle Initial) Tom Davis for Congress</p> <p>Mailing Address PO Box 483 City: Dunn Loring State: VA Zip Code: 22027</p> <p>Purpose of Disbursement contribution - check #1052</p> <p>Candidate Name Tom Davis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p>	<p>Date of Disbursement 02 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.8369</p>
<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Category/Type</p>	

C.	
SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	9000.00