

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 General (election type)
- election on 11/07/2000 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>10/01/2000</u> through <u>10/18/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		4585.02
(b) Cash on Hand at Beginning of Reporting Period	1410.02	
(c) Total Receipts (from line 19)	1943.50	21788.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3353.52	26353.52
7. Total Disbursements (from line 30)	1000.00	24000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2353.52	2353.52
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 999 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 10/23/2000
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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 10/01/2000 TO: 10/18/2000	
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)	1195.00	8278.50	11.a.i.
ii. Unitemized	748.50	13480.00	11.a.ii.
iii. Total (add i and ii)*	1943.50	21768.50	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 (add a iii, b and c)*	1943.50	21768.50	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 (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	1943.50	21768.50	19.
20. Total Federal Receipts (subtract line 18 from line 19)*	1943.50	21768.50	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	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)*	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	24000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	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 (add a, b, and c)*	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	1000.00	24000.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)*	1000.00	24000.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1943.50	21768.50	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1943.50	21768.50	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)*	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)*	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8
			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 Robert Anderson 12118 Walnut Branch Road Reston VA 20194 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation manager		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code David Berry 1605 13th Street Coralville IA 52241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 40.00
	Occupation manager		
	Aggregate Year-to-Date > \$ 440.00		
Full Name, Mailing Address, and ZIP Code Michael Campbell 1303 Roosevelt St. Annapolis MD 21403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		
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	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 40.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 440.00		
Full Name, Mailing Address, and ZIP Code Andrea Covell 10 Ivywood Court Silver Spring MD 20904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation VP		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Dewey Cox 3316 Yorkshire Court Adamstown MD 21710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation manager		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Lynda D'Amato 11503 Caminito Coriente San Diego CA 92126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		
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 / 8
			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 Charles Davies 157 Culpaper Street Warranton VA 22186 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 100.00
	Occupation VP		
	Aggregate Year-to-Date > \$ 1100.00		
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	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 40.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 440.00		
Full Name, Mailing Address, and ZIP Code Janice Golec 1765 B South Hayes Street Arlington VA 22202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Jackson Harshbarger 7516 Fern Valley Macon GA 31220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 21.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 231.00		
Full Name, Mailing Address, and ZIP Code Richard Kidd 4645 Buckhorn Ridge Fairfax VA 22030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Thomas Koerig 6405 Ruffin Road Chevy Chase MD 20815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation manager		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Maurice Lee 3204 Preslonwood Drive Plano TX 75093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		5 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		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 Fausto Martin 800 Wayne Ave Altamonte Springs FL 32701 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 > \$ 300.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Robert Miller 6300 Rising Ridge Way Bethesda MD 20817 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Diane Monk 143 Winding Creek Road Stafford VA 22554 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Robert Morrow 106 Clarendon Court Macon GA 31210 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Gary Musolf 123 Cross Creek Circle Macon GA 31210 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Olza Nicely 605 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 > \$ 1684.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 154.00	
Full Name, Mailing Address, and ZIP Code Nancy Pierce 1900 S. Eads Apt. 1131 Arlington VA 22202 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Richard Polino 3087 Kline Drive Virginia Beach VA 23452 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) 10/03/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code James Pratt 17 Sailfish Drive Porte Vedra Beach FL 32082 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
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 > \$ 330.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 30.00
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gathersburg 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 > \$ 660.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 60.00
Full Name, Mailing Address, and ZIP Code Robert Reed 30 Clover Hill Drive Stafford VA 22554 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code William Roberts 6529 75th Place Cabin John MD 20818 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 > \$ 1100.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Charles Schara 9020 Advantage Court Burke VA 22015 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 > \$ 220.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
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 / 8
			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 Schindler 9505 Autumn Oaks Court Rockville MD 20850 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation VP		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Plaza Investment Managers	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 100.00
	Occupation President - Capital operations		
	Aggregate Year-to-Date > \$ 1100.00		
Full Name, Mailing Address, and ZIP Code Walter Smith 11601 Elkin Street #201 Wheaton MD 20902 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation VP		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carter Mill Way Brookeville MD 20833 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 30.00
	Occupation VP		
	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Mary Wingert 9321 Waking Horse Ct Springfield VA 22153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation manager		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code John Zirno 3905 Harvard St. Fredericksburg VA 22408 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 20.00
	Occupation AVP		
	Aggregate Year-to-Date > \$ 220.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	1195.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		8 / 8
		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 People with Hart PO Box 1940 Erie PA 16507	Purpose of Disbursement contribution (House - PA - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Nelson 2000 301 4th Street, NE Suite 201 Washington DC 20002	Purpose of Disbursement contribution (Senate - NE -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				1000.00