

Image# 26980147372

# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions )  
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00343749
(b) Number and Street Address ONE GEICO PLAZA		
(c) City, State and ZIP Code WASHINGTON DC 20076		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

**4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: - \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

**5. STATUS BY QUALIFICATION:**

**(a) candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
<b>(i)</b>	Robert L. Ehrlich, Jr.	House	MD 02	06/28/1999
<b>(ii)</b>	Ernest Istook	House	OK 05	08/02/1999
<b>(iii)</b>	James Jeffords	Senate	VT	08/04/1999
<b>(iv)</b>	Scott McInnis	House	CO 03	11/17/1999
<b>(v)</b>	John Ashcroft	Senate	MO	11/17/1999

**(b) Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_ 06/09/1999 \_\_\_\_\_

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: \_\_\_\_\_ 03/11/1999 \_\_\_\_\_

**(d) Qualification:** The committee met the above requirements on: \_\_\_\_\_ 11/17/1999 \_\_\_\_\_

I certify that I have examined this Statement 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 02/21/2006
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Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100