Image# 12952443425 PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) April 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) April 31 Mid-Year Report (Non-Election New Only) (MY) Termination Report (Non-election Year Only) Termination Report (TER) Termination Report (Termination Report (TER) Termination Report (TE	· Ortini Ox	or Other Than Ar	i Authorized	Committe	e		Office Use Only	
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C 00343749 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (YE) July 31 Micryear Report (N) Termination Report (PE) July 31 Micryear Report (N) Termination Report (PE) July 31 Micryear Report (N) Termination Report (PE) Termination Report (PE) Signature of Treasurer Michael Campbell NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437 FEC FORM 3X FEC FORM 3X		TYPE OR PRINT ▼			ig, type	12FE4M5		
April 15 Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Quarterly Report (Q5) Quarterly Report (Q6) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q7) Quarterly Report (Q8) Quarterly Report (Q9) Quarte	GOVERNMENT EMPL	OYEES INSURA	ANCE COI	MPANY P	OLITICAI	_ ACTION	COMMITT	EE
April 15 Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Quarterly Report (Q5) Quarterly Report (Q6) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q7) Quarterly Report (Q8) Quarterly Report (Q9) Quarte								
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00343749 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Chip) Year Only) (MY) Termination Report (TER) Termination Report (TER) C Covering Period Q4 C Cotify 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 M	ADDRESS (number and street)	ONE GEICO PLAZA						
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00343749 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Chip) Year Only) (MY) Termination Report (TER) Termination Report (TER) C Covering Period Q4 C Cotify 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 M	Check if different							
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Qctober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) Report for the: (b) Monthly Report (Day Dec 20 (M2) Report Due On: Mar 20 (M3) Jul 20 (M6) Sep 20 (M9) Report Oct 20 (M10) Jul 20 (M7) Qct 20 (M10) PRE-Election Report for the: Convention (12C) Special (12S) Qctober 15 Quarterly Report (Q3) Report for the: Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the: Election on Termination Report (TER) To D	than previously	WASHINGTON				DC	20076	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Vocation of Sep 20 (M9) April 25 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) April 15 Quarterly Report (Q2) Quarterly Report (Q3) Double On: April 15 Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Report for the: Election on Electio	2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) April 31 Mid-Year Report (Non-Election Year Only) April 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Yi Collection Special (12G) Runoff (12I Runoff	C C00343749			\sim			ENDED	
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Telection on	(Choose One)	Report	,		, , ,	-		Year Only) Dec 20 (M12) (Non-Election
April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report	(a) Quarterly Heports.		Apr 20 (M4)	П	lul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) General (30G) Report for the: Convention (12C) Special (12S) FIE-Lection Report for the: Convention (12C) Special (12S) In the State of Special (30R) Special (30R) Special (30R) Special (30R) Special (30R) Report for the: In the State of 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 Michael Campbell IElectronically Filed Date FIEL Lection FREDIT Helection FREDIT He	Quarterly Report (Q	1) (c) 12-Day				. —		Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report (TER) Termination Report (TER) General (30G) Runoff (30R) Special (30G) Runoff	Quarterly Report (Q2	2)		Convention (12C)	Special (12S)	
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Special (30 General (30G) Runoff (30R) Special (30 Report for the: Election on Report for the: Election on General (30G) Runoff (30R) Special (30 General (30G) Runoff (30R) Special (30 General (30G) Runoff (30R) Special (30 General (30G) Runoff (30R) Report for the: 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 Michael Campbell I Electronically Filed Date O7 12 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437	Quarterly Report (Q	3)		M = M /	D D /	Y . Y . Y . Y	in the	
Report (Non-election Year Only) (MY) Termination Report (TER) Special (30G) Report for the: Election on State of Covering Period M.M. Only POST-Election Report for the: Election on State of Covering Period M.M. Only Special (30G) Runoff (30R) Special (30G) Sp	Year-End Report (YE	Ξ)	Election on				State of	of
Termination Report (TER) Election on Election on Election on In the State of State of Covering Period O4 O4 O1 2012 Through O6 30 2012 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 Michael Campbell IElectronically Filed Date O7 Type	Report (Non-election	POST-Elec		General (300	i)	Runoff (3	0R)	Special (30S)
5. Covering Period 04 01 2012 through 06 30 2012 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 Michael Campbell [Electronically Filed] Date 07 12 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4376				M = M /	D = D /	Y - Y - Y - Y		of
Type or Print Name of Treasurer Michael Campbell Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 12 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437				through				
Type or Print Name of Treasurer Michael Campbell Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 12 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437	I certify that I have examined this	s Report and to the b	est of my kno	wledge and b	elief it is true	e, correct and	l complete.	
Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 12 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437	-	•						
Office FORM 3X	Signature of Treasurer Micha	el Campbell		[Electronically	Filed] Da			2012
	NOTE: Submission of false, errone	ous, or incomplete info	rmation may su	ubject the pers	son signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Ose Rev. 12/2004	Use							

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

2012 06 30 2012 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 27587.52 January 1, 2012 (b) Cash on Hand at 27638.02 Beginning of Reporting Period..... 13086.50 6036.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 33674.02 40674.02 6(a) and 6(c) for Column B)..... 5000.00 12000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 28674.02 28674.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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 (Rev. 06/2004)

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

I. Receipts ons (other than loans) From: iduals/Persons Other Political Committees remized (use Schedule A) Unitemized OTAL (add ines 11(a)(i) and (ii) r Political Committees r Political Committees contributions (add Lines (iii), (b), and (c)) (Carry		3010.00 3026.00 6036.00 0.00	I	4595.00 8491.50 13086.50
iduals/Persons Other Political Committees remized (use Schedule A)		3026.00 6036.00 0.00		8491.50 13086.50
Jointemized (use Schedule A)		3026.00 6036.00 0.00		8491.50 13086.50
COTAL (add ines 11(a)(i) and (ii)		3026.00 6036.00 0.00		8491.50 13086.50
cal Party Committees		6036.00 0.00		13086.50
cal Party Committees r Political Committees n as PACs) Contributions (add Lines		0.00	7	
r Political Committees n as PACs) Contributions (add Lines	7	7	7	
n as PACs) Contributions (add Lines		0.00		0.00
,				0.00
(iii) (b) and (c)) (Carry				
s to Line 33, page 5)		6036.00	7	13086.50
From Affiliated/Other mmittees		0.00		0.00
Received	7	0.00		0.00
		0.00		0.00
tals to Line 37, page 5)		0.00		0.00
	,	,	,	,
		0.00		0.00
	7	0.00	1 7	0.00
		0.00		0.00
		0.00		0.00
Funds (from Schedule H5)		0.00		0.00
Transfers (add 18(a) and 18(b))		0.00		0.00
	mmittees	payments Received	Designation of the properties	Description 0.00 0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(II) 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	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	0.00	0.00				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00				
Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	5000.00	4000000				
and Other Political Committees	5000.00	12000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	7 7					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
,						
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other	0.00	0.00				
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	0.00	0.00				
(add Lines 28(a), (b), and (c))▶	7	0.00				
Other Disbursements	0.00	0.00				
Other Bioburdenichte	3.00					
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)	0.00	0.00				
(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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	12000.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	5000.00	12000.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6036.00	13086.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6036.00	13086.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:						PAGE	6	OF	21
	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEE	ES INSURANCE COMPANY POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Seth M. Ingall Mailing Address 7 Court Lane		Date of Receipt
Mailing Address 7 Carry Lane	Otata 7's Oct.	04 26 2012
City Melville	State Zip Code NY 11747-3903	Transaction ID : SA11AI.23053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer GEICO	Occupation RVP Reg.2	Payroll deduction \$30.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) 3. Seth M. Ingall	<u>'</u>	Date of Receipt
Mailing Address 7 Carry Lane	State Zin Code	05 24 2012
City Melville	State Zip Code NY 11747-3903	Transaction ID : SA11AI.23164 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer GEICO	Occupation RVP Reg.2	Payroll deduction \$30.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) C. Seth M. Ingall	1	Date of Receipt
Mailing Address 7 Carry Lane		06 20 2012
City Melville	State Zip Code NY 11747-3903	Transaction ID : SA11AI.23272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer GEICO	Occupation RVP Reg.2	Payroll deduction \$30.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional	ıl)	180.00
	nber only)	

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEE	S INSURANCE COMPANY POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) John Izzo Mailing Address 1419 Idlewild Blvd		Date of Receipt
City Fredericksburg	State Zip Code VA 22401-6629	04 26 2012 Transaction ID : SA11AI.23054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 Payroll deduction \$25.00 biweekly
Name of Employer GEICO Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) John Izzo Mailing Address 1419 Idlewild Blvd		Date of Receipt 05 24 2012
City Fredericksburg FEC ID number of contributing	State Zip Code VA 22401-6629	Transaction ID : SA11AI.23165 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) John Izzo Mailing Address 1419 Idlewild Blvd	•	Date of Receipt
City Fredericksburg	State Zip Code VA 22401-6629	Transaction ID : SA11AI.23273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 Payroll deduction \$25.00 biweekly
Name of Employer GEICO Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate Year-to-Date ▼ 325.00	- ayron deduction \$25.00 biweekiy
SUBTOTAL of Receipts This Page (optional)) >	150.00
TOTAL This Period (last page this line number	per only)	

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

FOR LIN	E NUMBER	: PAGE	8 OF	21
(check or	nly one)			
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES	INSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Paul Lavrey		Date of Receipt
Mailing Address 3495 Pleasant Grove Drive		05 24 2012
City Ijamsville	State Zip Code MD 21754-9034	Transaction ID : SA11Al.23173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GEICO Receipt For:	Occupation Director	Payroll deduction \$20.00 biweekly
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Paul Lavrey Mailing Address 3495 Pleasant Grove Drive		Date of Receipt
City Ijamsville	State Zip Code MD 21754-9034	06 20 2012 Transaction ID : SA11Al.23281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 21734-9034	40.00
Name of Employer GEICO	Occupation Director	Payroll deduction \$20.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) C. Scott Edward Markel		Date of Receipt
Mailing Address 514 Waverly Park Drive		04 26 _ 2012 _
City Macon	State Zip Code GA 31210-7571	Transaction ID : SA11AI.23067 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GEICO	Occupation Reg VP	Payroll deduction \$25.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		130.00
TOTAL This Period (last page this line number	only)	

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

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Α.	Full Name (Last, First, Middle Initial) Scott Edward Markel Mailing Address 514 Waverly Park Drive	Date of Receipt	
	City Macon	State Zip Code GA 31210-7571	Transaction ID : SA11AI.23179 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer GEICO Receipt For:	Occupation Reg VP Aggregate Year-to-Date ▼	Payroll deduction \$25.00 biweekly
	Primary General Other (specify) ▼	275.00	
В.	Full Name (Last, First, Middle Initial) Scott Edward Markel Mailing Address 514 Waverly Park Drive		Date of Receipt
	City Macon	State Zip Code GA 31210-7571	Transaction ID : SA11Al.23287 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer GEICO	Occupation Reg VP	Payroll deduction \$25.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
-	Full Name (Last, First, Middle Initial) John W McCutcheon		Date of Receipt
	Mailing Address 19218 Tattershall Drive		05 24 2012
	City Germantown	State Zip Code MD 20874-6246	Transaction ID : SA11AI.23185 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer GEICO	Occupation VP	Payroll deduction \$20.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

				PAGE		10	OF	21
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle		NSURANCE COMPANY POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) John W McCutcheon		Date of Receipt
	Mailing Address 19218 Tattershall Drive		06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code MD 20874-6246	Transaction ID : SA11AI.23293
	Germantown	WID 20874-0240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	Payroll deduction \$20.00 biweekly
	GEICO	VP	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	260.00	
В.	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt
	Mailing Address 9539 E. Surprise Canyon Ct.		05 24 2012
	City	State Zip Code	Transaction ID : SA11AI.23188
	Tucson	AZ 85748-3279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer	Occupation	Payroll deduction \$20.00 biweekly
	GEICO	Reg Liab Director	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	, 220.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt
	Mailing Address 9539 E. Surprise Canyon Ct.		06 20 2012
	City	State Zip Code	Transaction ID : SA11AI.23296
	Tucson	AZ 85748-3279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer	Occupation	Payroll deduction \$20.00 biweekly
	GEICO	Reg Liab Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
S	SUBTOTAL of Receipts This Page (optional)		120.00
Т	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE	 11	OF		21		
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		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		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES I	NSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Robert Miller Mailing Address 3025 Amherst Avenue		Date of Receipt
	City	State Zip Code	05 24 2012 Transaction ID : SA11AI.23189
	Dallas FEC ID number of contributing federal political committee.	TX 75225-7808	Amount of Each Receipt this Period 40.00
	Name of Employer GEICO Receipt For: Primary General	Occupation Regional VP Aggregate Year-to-Date ▼	Payroll deduction \$20.00 biweekly
	Other (specify) Full Name (Last, First, Middle Initial)	220.00	
В.	Robert Miller Mailing Address 3025 Amherst Avenue		Date of Receipt M M M / D D / Y D Y Y D Y D Y D Y D Y D Y D Y
	City Dallas	State Zip Code TX 75225-7808	Transaction ID : SA11AI.23297 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	40.00 Payroll deduction \$20.00 biweekly
	GEICO Receipt For:	Regional VP	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
c.	Full Name (Last, First, Middle Initial) Olza Nicely		Date of Receipt
	Mailing Address 805 Nethercliffe Hall Road		04 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Great Falls	State Zip Code VA 22066-2719	Transaction ID : SA11AI.23083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00 Payroll deduction \$100.00 biweekly
	Name of Employer GEICO	Occupation President-Insurance operations	rayion deduction \$100.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
s	UBTOTAL of Receipts This Page (optional)		280.00
Т	OTAL This Period (last page this line number o	only)	

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

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		name and address of any political committee to	
\	OF COMMITTEE (In Full) VERNMENT EMPLOYEES II	NSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
A. Olza Mailin City Great FEC federat Name GEIC	g Address 805 Nethercliffe Hall Road t Falls D number of contributing al political committee. of Employer	State Zip Code VA 22066-2719 C Occupation President-Insurance operations	Date of Receipt M
	pt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
B. Olza	lame (Last, First, Middle Initial) a Nicely g Address 805 Nethercliffe Hall Road		Date of Receipt M M / D D / Y F Y F Y F Y F Y F Y F Y F Y F Y F Y
FEC	Falls D number of contributing al political committee.	State Zip Code VA 22066-2719	7 2012 Transaction ID: SA11AI.23303 Amount of Each Receipt this Period
GEICG Recei	of Employer D pt For: Primary General Other (specify) ▼	Occupation President-Insurance operations Aggregate Year-to-Date ▼ 1300.00	Payroll deduction \$100.00 biweekly
C. Nar Mailin City Alexa FEC federa Name GEIC Recei	lame (Last, First, Middle Initial) ncy Leigh Pierce g Address 100 Queen Street andria D number of contributing al political committee. of Employer O pt For: Primary General Other (specify)	State Zip Code VA 22314-2611 C Occupation VP Aggregate Year-to-Date ▼ 360.00	Date of Receipt M
SUBTO	TAL of Receipts This Page (optional)	<u> </u>	480.00
TOTAL	This Period (last page this line number o	nly)	1

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

FOR LINE NUMBER:				PAGE	. 1	13	OF	21		
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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 (Last, First, Middle Initial) Nancy Leigh Pierce Date of Receipt Mailing Address 100 Queen Street 24 2012 City State Zip Code Transaction ID: SA11AI.23202 VA Alexandria 22314-2611 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Payroll deduction \$40.00 biweekly Name of Employer Occupation **GEICO** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Leigh Pierce Date of Receipt Mailing Address 100 Queen Street 06 20 2012 City State Zip Code Transaction ID: SA11AI.23310 VA Alexandria 22314-2611 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Payroll deduction \$40.00 biweekly Name of Employer Occupation **GEICO** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dana Proulx Date of Receipt Mailing Address 1011 Avery Court, S.W. 26 04 2012 City State Zip Code Transaction ID: SA11AI.23093 Vienna VA 22180-6448 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Payroll deduction \$25.00 biweekly Name of Employer Occupation **GEICO** Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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

ı						PAGE	. 1	14	OF	21
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle		NSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt
	Mailing Address 1011 Avery Court, S.W.		05 24 2012
	City Vienna	State Zip Code VA 22180-6448	Transaction ID : SA11AI.23205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer GEICO	Occupation Manager	Payroll deduction \$25.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) Dana Proulx Mailing Address 1011 Avery Court, S.W.		Date of Receipt
	City	State Zip Code VA 22180-6448	06 20 2012 Transaction ID : SA11AI.23313
	Vienna FEC ID number of contributing federal political committee.	VA 22180-6448	Amount of Each Receipt this Period 50.00
	Name of Employer GEICO	Occupation Manager	Payroll deduction \$25.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) John W Quagliato		Date of Receipt
	Mailing Address 924 Beacon Square Court #32	6	05 24 2012
	City Gaithersburg	State Zip Code MD 20878-5433	Transaction ID : SA11AI.23206 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer GEICO	Occupation AVP	Payroll deduction \$20.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
s	UBTOTAL of Receipts This Page (optional)		140.00
Т	OTAL This Period (last page this line number of	only)	

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

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or for con	nmercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	OF COMMITTEE (In Full) /ERNMENT EMPLOYEES I	NSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
	ame (Last, First, Middle Initial) W Quagliato		Date of Receipt
Mailing	Address 924 Beacon Square Court #32	6	06 20 2012 _
City Gaithe	ersburg	State Zip Code MD 20878-5433	Transaction ID : SA11AI.23314 Amount of Each Receipt this Period
	number of contributing political committee.	C	40.00
GEICC Receip		Occupation AVP Aggregate Year-to-Date ▼ 260.00	Payroll deduction \$20.00 biweekly
Full Na	ame (Last, First, Middle Initial) am Roberts Address 708 STILLWATER ROAD	200.00	Date of Receipt
FEC II federal	ON ISLAND On number of contributing political committee. of Employer	State Zip Code MD 21056-1133 C Occupation	04 26 2012 Transaction ID: SA11Al.23101 Amount of Each Receipt this Period 250.00 Payroll deduction \$125.00 biweekly
		VP Aggregate Year-to-Date ▼ 1125.00	
c. Willi	ame (Last, First, Middle Initial) am Roberts Address 708 STILLWATER ROAD	State Zip Code	Date of Receipt 05 24 2012 Transaction ID: SA11Al.23210
FEC II	ON ISLAND O number of contributing political committee.	MD 21056-1133	Amount of Each Receipt this Period 250.00
GEICO Receip		Occupation VP Aggregate Year-to-Date ▼ 1375.00	Payroll deduction \$125.00 biweekly
SUBTOT	TAL of Receipts This Page (optional)		540.00
TOTAL	This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES	INSURANCE COMPANY POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) William Roberts Mailing Address 708 STILLWATER ROAD		Date of Receipt
City	State Zip Code	06 20 2012 Transaction ID : SA11AI.23319
GIBSON ISLAND	MD 21056-1133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$125.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
Full Name (Last, First, Middle Initial) 3. Donald W Robinson Mailing Address 4062 Grandefield Circle		Date of Receipt
City	State Zip Code	05 24 2012 Transaction ID : SA11AI.23211
Mulberry	FL 33860-6566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GEICO	Occupation AVP	Payroll deduction \$20.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. Donald W Robinson		Date of Receipt
Mailing Address 4062 Grandefield Circle		06 20 2012
City Mulberry	State Zip Code FL 33860-6566	Transaction ID : SA11AI.23320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GEICO	Occupation AVP	Payroll deduction \$20.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		330.00
TOTAL This Period (last page this line number	<u> </u>	

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

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	13	14		15		16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES	INSURANCE COMPANY POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Franklin Kelly Silva		Date of Receipt
Mailing Address 15572 Pinehurst PI		05 24 2012
City San Diego	State Zip Code CA 92131-4310	Transaction ID : SA11Al.23219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GEICO Receipt For:	Occupation AVP Aggregate Year-to-Date ▼	Payroll deduction \$20.00 biweekly
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Franklin Kelly Silva Mailing Address 15572 Pinehurst Pl		Date of Receipt
City San Diego	State Zip Code CA 92131-4310	7 Transaction ID : SA11AI.23328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GEICO	Occupation AVP	Payroll deduction \$20.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Joseph Thomas		Date of Receipt
Mailing Address 1708 Dalwood Meadows		04 26 2012 _
City Virginia Beach	State Zip Code VA 23455-4369	Transaction ID : SA11AI.23120 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GEICO	Occupation AVP	Payroll deduction \$25.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		130.00
TOTAL This Period (last page this line number	only)	

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				osolicit contributions from such committee.
NAME OF COMMITTED GOVERNMENT		NSURANCE C	OMPANY POLITION	CAL ACTION COMMITTEE
Full Name (Last, First, Joseph Thomas Mailing Address 1708 [City Virginia Beach FEC ID number of confederal political commits Name of Employer GEICO	Dalwood Meadows	VA 2349 C Occupation AVP	Code 55-4369	Date of Receipt M
Receipt For: Primary Other (specify)	General	Aggregate Year-to-D	275.00	
Full Name (Last, First, Joseph Thomas Mailing Address 1708 [· 			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Virginia Beach FEC ID number of confederal political committed	•		Code 55-4369	Transaction ID : SA11AI.23338 Amount of Each Receipt this Period 50.00
Name of Employer GEICO Receipt For: Primary Other (specify) ▼	General	Occupation AVP Aggregate Year-to-D	Pate ▼ 325.00	Payroll deduction \$25.00 biweekly
Full Name (Last, First, Mary Zarcone Mailing Address 219 W City Macon FEC ID number of confederal political committ Name of Employer GEICO Receipt For: Primary Other (specify)	/estchester Drive tributing tee. General	·	Code 10-7541 Pate ▼	Date of Receipt M
SUBTOTAL of Receipts			<u> </u>	140.00
TOTAL This Period (last	page this line number of	nly)		

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

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		13	1	4		15		16		17

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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 (Last, First, Middle Initial) Mary Zarcone Date of Receipt Mailing Address 219 Westchester Drive 20 2012 City State Zip Code Transaction ID: SA11AI.23348 GΑ Macon 31210-7541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Payroll deduction \$20.00 biweekly Name of Employer Occupation **GEICO** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... 3010.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 20 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ne and address of any politica	al committee to	solicit contributions from such committee.
GOVERNMENT EMPLOYEES INS	SURANCE COMPAN	IY POLITIO	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. COMMON VALUES PAC			Date of Disbursement
A. COMMON VALUES PAC			M M / D D / Y Y Y Y
Mailing Address 901 N WASHINGTON ST SUITE 102			05 25 2012
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID: SB23.23242
Purpose of Disbursement	22314		
Campaign Contribution		011	Amount of Each Disbursement this Period
COMMON VALUES DAC		Category/	2500.00
COMMON VALUES PAC Office Sought: House Disburser	nent For: 2012	Туре	
	Primary Seneral		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B. FRIENDS OF DENNIS ROSS			Date of Disbursement
Mailing Address PO BOX 7310			05 15 2012
LAKELAND	State Zip Code FL 33807		Transaction ID : SB23.23240
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name FRIENDS OF DENNIS ROSS		Category/	500.00
	nent For: 2012	Туре	
Senate President	Primary		
State: FL District: 12	(opcony) V		
Full Name (Last, First, Middle Initial) C- FRIENDS OF DENNIS ROSS			Date of Disbursement
Mailing Address PO BOX 7310			05 15 _2012 _
City LAKELAND Purpose of Disbursement	State Zip Code FL 33807		Transaction ID : SB23.23241
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name FRIENDS OF DENNIS ROSS		Category/	1000.00
Office Sought: House Disburser	nent For: 2012 Primary	Туре	
State: FL District: 12			
SUBTOTAL of Disbursements This Page (optional)		······ •	4000.00
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 ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page PAGE 21 21b	utions ittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTE Full Name (Last, First, Middle Initial) A. LINDA LINGLE SENATE COMMITTEE Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City State Zip Code KANEOHE HI 96744 Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Other (specify) Full Name (Last, First, Middle Initial)	utions ittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTE Full Name (Last, First, Middle Initial) A. LINDA LINGLE SENATE COMMITTEE Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City State Zip Code KANEOHE HI 96744 Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	utions ittee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTE Full Name (Last, First, Middle Initial) LINDA LINGLE SENATE COMMITTEE Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial)	E Y
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTE Full Name (Last, First, Middle Initial) LINDA LINGLE SENATE COMMITTEE Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type Other (specify) Full Name (Last, First, Middle Initial)	Y Period
Full Name (Last, First, Middle Initial) LINDA LINGLE SENATE COMMITTEE Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type Other (specify) Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type Other (specify) Full Name (Last, First, Middle Initial)	Y Period
Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial) Date of Disbursement M M M / D D / 25 2012 Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type 100 Full Name (Last, First, Middle Initial)	: Period
Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Primary Senate President State: HI District: 00 Full Name (Last, First, Middle Initial) Mailing Address C/O 46-001 KAMEHAMEHA HWY 06 25 2012 Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type 100 Seneral Other (specify) Full Name (Last, First, Middle Initial)	: Period
Mailing Address C/O 46-001 KAMEHAMEHA HWY SUITE 301 City KANEOHE HI 96744 Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial) Disbursement For: 2012 Primary General Other (specify) Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type Other (specify) Full Name (Last, First, Middle Initial)	: Period
City State Zip Code KANEOHE Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Primary General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID : SB23.23352 Amount of Each Disbursement this Category/ Type 100 Transaction ID : SB23.23352	
HI 96744 Purpose of Disbursement Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Primary Senate President State: HI District: 00 Full Name (Last, First, Middle Initial) Transaction ID: SB23.23352 Amount of Each Disbursement this Category/ Type 100 General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
Campaign Contribution Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House President State: HI District: 00 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Category/ Type 100 General Other (specify)	
Candidate Name LINDA LINGLE SENATE COMMITTEE Office Sought: House Primary General Primary Other (specify) ▼ State: HI District: 00 Full Name (Last, First, Middle Initial)	
LINDA LINGLE SENATE COMMITTE Office Sought: House Senate President President State: HI District: 00 Full Name (Last, First, Middle Initial)	00.00
Senate President Other (specify) ▼ State: HI District: 00 Full Name (Last, First, Middle Initial)	
President State: HI District: 00 Full Name (Last, First, Middle Initial) Other (specify) ▼	
State: HI District: 00 Full Name (Last, First, Middle Initial)	
B. Date of Disbursement	
Mailing Address	Y
City State Zip Code	
Purpose of Disbursement	
Candidate Name Amount of Each Disbursement this	Period
Candidate Name Category/ Type	
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify) ▼ State: District:	
Full Name (Last, First, Middle Initial)	
Date of Disbursement	
Mailing Address	Y
City State Zip Code	
Purpose of Disbursement	
Candidate Name Amount of Each Disbursement this	Period
Category/ Type	
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	00.00
TOTAL This Period (last page this line number only)	00.00