

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20076

2. **FEC IDENTIFICATION NUMBER** C00343749  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Electronically Filed by Michael Campbell Date 07 31 2007

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 (Rev. 02/2003)

Page 2

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		23676.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	23676.52									
(c) Total Receipts (from Line 19) .....	9693.00	9693.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33369.52	33369.52								
7. Total Disbursements (from Line 31) .....	13500.00	13500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19869.52	19869.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	2035.00	2035.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	7658.00	7658.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9693.00	9693.00
(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 33, page 5) .....	9693.00	9693.00
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9693.00	9693.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9693.00	9693.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	13500.00	13500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13500.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9693.00	9693.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9693.00	9693.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) <b>A.</b> John Geer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 2902 Gretna Place		Transaction ID: SA11A1.16436	
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$20.00 biweekly	
Name of Employer Occupation GEICO AVP	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> John Geer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 2902 Gretna Place		Transaction ID: SA11A1.16545	
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$20.00 biweekly	
Name of Employer Occupation GEICO AVP	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Paul Lavrey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 3495 Pleasant Grove Drive		Transaction ID: SA11A1.16443	
City State Zip Code Ijamsville MD 21754	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$20.00 biweekly	
Name of Employer Occupation GEICO Director	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> 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 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Lavrey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 3495 Pleasant Grove Drive		<b>Transaction ID:</b> SA11A1.16552	
City ljamsville	State MD	Zip Code 21754	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 biweekly	
Name of Employer GEICO	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 2820 Amherst Avenue		<b>Transaction ID:</b> SA11A1.16379	
City University Park	State TX	Zip Code 75225	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 biweekly	
Name of Employer GEICO	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 2820 Amherst Avenue		<b>Transaction ID:</b> SA11A1.16489	
City University Park	State TX	Zip Code 75225	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 biweekly	
Name of Employer GEICO	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Olza Nicely		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 805 Nethercliffe Hall Road		Transaction ID: SA11A1.16116	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$85.00 biweekly		
Name of Employer Occupation GEICO President-Insurance operations	Aggregate Year-to-Date ▼ 340.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Olza Nicely		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 805 Nethercliffe Hall Road		Transaction ID: SA11A1.16230	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$85.00 biweekly		
Name of Employer Occupation GEICO President-Insurance operations	Aggregate Year-to-Date ▼ 510.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Olza Nicely		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 805 Nethercliffe Hall Road		Transaction ID: SA11A1.16339	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$85.00 biweekly		
Name of Employer Occupation GEICO President-Insurance operations	Aggregate Year-to-Date ▼ 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	510.00
<b>TOTAL</b> 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 9 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Olza Nicely		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 805 Nethercliffe Hall Road		Transaction ID: SA11A1.16450	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$85.00 biweekly	
Name of Employer GEICO	Occupation President-Insurance operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Olza Nicely		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 805 Nethercliffe Hall Road		Transaction ID: SA11A1.16559	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$85.00 biweekly	
Name of Employer GEICO	Occupation President-Insurance operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00		

Full Name (Last, First, Middle Initial) <b>C.</b> William Roberts		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 6529 79th Place		Transaction ID: SA11A1.16457	
City State Zip Code Cabin John MD 20818	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$25.00 biweekly	
Name of Employer GEICO	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> 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 10 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
William Roberts

Mailing Address 6529 79th Place

City State Zip Code  
Cabin John MD 20818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GEICO VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

Transaction ID: SA11A1.16565

Amount of Each Receipt this Period  
50.00

Payroll deduction \$25.00 biweekly

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

Mailing Address 800 North Michigan Ave, Unit 4501

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Plaza Investment Managers President - Capital operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: SA11A1.16243

Amount of Each Receipt this Period  
100.00

Payroll deduction \$50.00 biweekly

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

Mailing Address 800 North Michigan Ave, Unit 4501

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Plaza Investment Managers President - Capital operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

Transaction ID: SA11A1.16352

Amount of Each Receipt this Period  
100.00

Payroll deduction \$50.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> 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 11 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Louis Simpson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11A1.16463
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Payroll deduction \$50.00 biweekly	
Name of Employer Plaza Investment Managers	Occupation President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Louis Simpson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11A1.16571
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Payroll deduction \$50.00 biweekly	
Name of Employer Plaza Investment Managers	Occupation President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Thomas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1708 Dalwood Meadows		Transaction ID: SA11A1.16423
City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly	
Name of Employer GEICO	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 12 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Joseph Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2007	
Mailing Address 1708 Dalwood Meadows		<b>Transaction ID: SA11A1.16532</b>	
City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$25.00 biweekly	
Name of Employer Occupation GEICO AVP	Aggregate Year-to-Date ▼ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mary Zarcone</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address 219 Westchester Drive		<b>Transaction ID: SA11A1.16398</b>	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$20.00 biweekly	
Name of Employer Occupation GEICO VP	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mary Zarcone</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2007	
Mailing Address 219 Westchester Drive		<b>Transaction ID: SA11A1.16508</b>	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$20.00 biweekly	
Name of Employer Occupation GEICO VP	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2035.00

# 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 13 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Barney Frank for Congress</b>		<b>Transaction ID:</b> SB23.16599 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 38 Ivy Street		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Barney Frank for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 4		

Full Name (Last, First, Middle Initial) <b>B. Cantor for Congress</b>		<b>Transaction ID:</b> SB23.16595 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address PO Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Cantor for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Paul Gillmor</b>		<b>Transaction ID:</b> SB23.16591 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 217 3rd Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Citizens for Paul Gillmor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Coleman for Senate '08</b>		<b>Transaction ID:</b> SB23.16582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 7300 Hudson Blvd, Suite #270A		Amount of Each Disbursement this Period 1000.00
City St. Paul State MN Zip Code 55128	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Coleman for Senate '08		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District:		

Full Name (Last, First, Middle Initial) <b>B. New Jersey Democratic State Committee</b>		<b>Transaction ID:</b> SB23.16597 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 196 West State Street		Amount of Each Disbursement this Period 1500.00
City Trenton State NJ Zip Code 08608	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Property Casualty Insurers PAC</b>		<b>Transaction ID:</b> SB23.16593 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 2600 South River Road		Amount of Each Disbursement this Period 5000.00
City Des Plaines State IL Zip Code 60018-3286	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p><b>A. Pryce for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Pryce for Congress</p> <p>Mailing Address 217 Third Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Pryce for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p>		<p>Transaction ID: SB23.16592</p> <p>Date of Disbursement</p> <p>03 / 09 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. REDPAC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB23.16589</p> <p>Date of Disbursement</p> <p>02 / 12 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>2000.00</p> <p>011 Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

13500.00