

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 WASHINGTON DC 20076 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 05 22 2008 through 06 30 2008

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 14 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
2	2

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		22483.52
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	21147.52									
(c) Total Receipts (from Line 19)	4465.00	13129.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25612.52	35612.52								
7. Total Disbursements (from Line 31)	500.00	10500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25112.52	25112.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
2	2

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2090.00	5340.00
(i) Itemized (use Schedule A)	2375.00	7789.00
(ii) Unitemized	4465.00	13129.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4465.00	13129.00
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))	4465.00	13129.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4465.00	13129.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	10500.00
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))..	500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	10500.00

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	4465.00	13129.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4465.00	13129.00
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) for 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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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

A.	Full Name (Last, First, Middle Initial) Martha Furnas		Date of Receipt
	Mailing Address 5218 N Fairway Heights Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tucson	AZ	85749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17818
Name of Employer GEICO		Occupation manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 2055.00	Payroll deduction \$5.00 biweekly

B.	Full Name (Last, First, Middle Initial) Martha Furnas		Date of Receipt
	Mailing Address 5218 N Fairway Heights Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tucson	AZ	85749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17934
Name of Employer GEICO		Occupation manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 2065.00	Payroll deduction \$5.00 biweekly

C.	Full Name (Last, First, Middle Initial) John Geer		Date of Receipt
	Mailing Address 2902 Gretna Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17819
Name of Employer GEICO		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 60.00
		<input type="text"/> 220.00	Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for 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

A.	Full Name (Last, First, Middle Initial) John Geer		Date of Receipt
	Mailing Address 2902 Gretna Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17935
Name of Employer GEICO		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 260.00	Payroll deduction \$20.00 biweekly

B.	Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt
	Mailing Address 612 Remington Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Macon	GA	31210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17939
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 245.00	Payroll deduction \$25.00 biweekly

C.	Full Name (Last, First, Middle Initial) Paul Lavrey		Date of Receipt
	Mailing Address 3495 Pleasant Grove Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Ijamsville	MD	21754
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17833
Name of Employer GEICO		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 60.00
		<input type="text"/> 220.00	Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for 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

A.	Full Name (Last, First, Middle Initial) Paul Lavrey	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 3495 Pleasant Grove Drive	Transaction ID: SA11AI.17949
	City State Zip Code Jlamsville MD 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 Occupation GEICO Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Robert Miller	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 6715 Sunnyland Lane	Transaction ID: SA11AI.17851
	City State Zip Code Dallas TX 75214	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 Occupation GEICO Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Robert Miller	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 6715 Sunnyland Lane	Transaction ID: SA11AI.17965
	City State Zip Code Dallas TX 75214	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 Occupation GEICO Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for 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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Olza Nicely	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 805 Nethercliffe Hall Road	Transaction ID: SA11AI.17860
	City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 255.00
	FEC ID number of contributing federal political committee. C	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	

B.	Full Name (Last, First, Middle Initial) Olza Nicely	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 805 Nethercliffe Hall Road	Transaction ID: SA11AI.17972
	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 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	

C.	Full Name (Last, First, Middle Initial) Nancy Pierce	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 100 Queen St	Transaction ID: SA11AI.17867
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$40.00 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 ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	545.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for 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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Nancy Pierce		Date of Receipt
	Mailing Address 100 Queen St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17980
		Amount of Each Receipt this Period	<input type="text"/> 80.00
Name of Employer GEICO		Occupation VP	Payroll deduction \$40.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 360.00	

B.	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt
	Mailing Address 1011 Avery Court, S.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17870
		Amount of Each Receipt this Period	<input type="text"/> 75.00
Name of Employer GEICO		Occupation manager	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 230.00	

C.	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt
	Mailing Address 1011 Avery Court, S.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17983
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer GEICO		Occupation manager	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 280.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 205.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

Jess Reed

Mailing Address 8500 Hawkins Creamery Road

City State Zip Code
Gaithersburg MD 20879

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.17984

Amount of Each Receipt this Period

40.00

Payroll deduction \$20.00
biweekly

B.

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
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.17874

Amount of Each Receipt this Period

225.00

Payroll deduction \$75.00
biweekly

C.

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
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.17987

Amount of Each Receipt this Period

150.00

Payroll deduction \$75.00
biweekly

SUBTOTAL of Receipts This Page (optional) ▶

415.00

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

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

Use separate schedule(s) for 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

A.	Full Name (Last, First, Middle Initial) Daniel Schechter	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 9016 Mistwood Drive	Transaction ID: SA11AI.17880
	City Potomac State MD Zip Code 20854-2884	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$5.00 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 ▼ 305.00	

B.	Full Name (Last, First, Middle Initial) Daniel Schechter	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 9016 Mistwood Drive	Transaction ID: SA11AI.17994
	City Potomac State MD Zip Code 20854-2884	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$5.00 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 ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) Louis Simpson	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 800 North Michigan Ave, Unit 4501	Transaction ID: SA11AI.17883
	City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$100.00 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	

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Louis Simpson	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 800 North Michigan Ave, Unit 4501	Transaction ID: SA11AI.17999
	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	

B.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.17892
	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	

C.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.18007
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mary Zarcone

Mailing Address 219 Westchester Drive

City Macon State GA Zip Code 31210

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

Name of Employer GEICO Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2008
Transaction ID: SA11AI.17903
 Amount of Each Receipt this Period 60.00
 Payroll deduction \$20.00 biweekly

B. Full Name (Last, First, Middle Initial)
Mary Zarcone

Mailing Address 219 Westchester Drive

City Macon State GA Zip Code 31210

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

Name of Employer GEICO Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 26 / 2008
Transaction ID: SA11AI.18017
 Amount of Each Receipt this Period 40.00
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ► 2090.00

**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 15 / 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

A.

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Transaction ID: SB23.17787

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Mailing Address PO Box 1024

City State Zip Code
Mount Laurel NJ 08054

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
ADLER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 03

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00
