

# 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 07 01 2006 through 09 30 2006

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 10 13 2006

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**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		20770.02
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	39660.52									
(c) Total Receipts (from Line 19) .....	4669.00	25059.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44329.52	45829.52								
7. Total Disbursements (from Line 31) .....	26000.00	27500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18329.52	18329.52								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2016.00	13930.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	2653.00	11129.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4669.00	25059.50
(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) .....	4669.00	25059.50
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)) .....	4669.00	25059.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4669.00	25059.50

**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.....	26000.00	27500.00
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))..	26000.00	27500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26000.00	27500.00

**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) .....	4669.00	25059.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4669.00	25059.50
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 / 28
	<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> Lynda D'Amato		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 23745 Calistoga Place		Transaction ID: SA11A1.15227	
City State Zip Code Ramona CA 92065	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$10.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lynda D'Amato		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 23745 Calistoga Place		Transaction ID: SA11A1.15344	
City State Zip Code Ramona CA 92065	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$10.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lynda D'Amato		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 23745 Calistoga Place		Transaction ID: SA11A1.15459	
City State Zip Code Ramona CA 92065	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$10.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 290.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<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 7 / 28
	<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 07 / 28 / 2006
Mailing Address 2902 Gretna Place		Transaction ID: SA11A1.15265
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 GEICO	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Geer		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006
Mailing Address 2902 Gretna Place		Transaction ID: SA11A1.15381
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 GEICO	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Geer		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 2902 Gretna Place		Transaction ID: SA11A1.15496
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 GEICO	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<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 / 28
	<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

A. Full Name (Last, First, Middle Initial) Lily Hopkins Mailing Address 12962 Marcy Ranch Rd City State Zip Code Santa Ana CA 92705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 28 / 2006 <b>Transaction ID: SA11A1.11171</b> Amount of Each Receipt this Period 20.00 Payroll deduction \$10.00 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 ▼ 900.00	

B. Full Name (Last, First, Middle Initial) Lily Hopkins Mailing Address 12962 Marcy Ranch Rd City State Zip Code Santa Ana CA 92705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 23 / 2006 <b>Transaction ID: SA11A1.11287</b> Amount of Each Receipt this Period 20.00 Payroll deduction \$10.00 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 ▼ 920.00	

C. Full Name (Last, First, Middle Initial) Lily Hopkins Mailing Address 12962 Marcy Ranch Rd City State Zip Code Santa Ana CA 92705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 20 / 2006 <b>Transaction ID: SA11A1.11402</b> Amount of Each Receipt this Period 20.00 Payroll deduction \$10.00 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 ▼ 940.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 / 28
	<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> Richard Kidd		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 4645 Buckhorn Ridge		Transaction ID: SA11A1.15270	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$15.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Kidd		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 4645 Buckhorn Ridge		Transaction ID: SA11A1.15386	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$15.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Kidd		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4645 Buckhorn Ridge		Transaction ID: SA11A1.15501	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction \$15.00 biweekly		
Name of Employer Occupation GEICO AVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<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 / 28
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Donald Lyons		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 11616 Swains Lock Terrace		Transaction ID: SA11A1.11181	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 biweekly	
Name of Employer GEICO	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Donald Lyons		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 11616 Swains Lock Terrace		Transaction ID: SA11A1.11297	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 biweekly	
Name of Employer GEICO	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Donald Lyons		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 11616 Swains Lock Terrace		Transaction ID: SA11A1.11412	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 biweekly	
Name of Employer GEICO	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<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 / 28
	<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

**A.** Full Name (Last, First, Middle Initial)  
Robert Miller

Mailing Address 2820 Amherst Avenue

City State Zip Code  
University Park TX 75225

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

Name of Employer Occupation  
GEICO Regional VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 28 2006

Transaction ID: SA11A1.15202

Amount of Each Receipt this Period  
40.00

Payroll deduction \$20.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Robert Miller

Mailing Address 2820 Amherst Avenue

City State Zip Code  
University Park TX 75225

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

Name of Employer Occupation  
GEICO Regional VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 23 2006

Transaction ID: SA11A1.15320

Amount of Each Receipt this Period  
40.00

Payroll deduction \$20.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Robert Miller

Mailing Address 2820 Amherst Avenue

City State Zip Code  
University Park TX 75225

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

Name of Employer Occupation  
GEICO Regional VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 20 2006

Transaction ID: SA11A1.15437

Amount of Each Receipt this Period  
40.00

Payroll deduction \$20.00  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<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 12 / 28
	<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

**A.** Full Name (Last, First, Middle Initial)  
Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
GEICO President-Insurance operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1243.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 28 / 2006

Transaction ID: SA11A1.15281

Amount of Each Receipt this Period  
170.00

Payroll deduction \$85.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
GEICO President-Insurance operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1413.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 23 / 2006

Transaction ID: SA11A1.15397

Amount of Each Receipt this Period  
170.00

Payroll deduction \$85.00 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
GEICO President-Insurance operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1583.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 20 / 2006

Transaction ID: SA11A1.15512

Amount of Each Receipt this Period  
170.00

Payroll deduction \$85.00 biweekly

<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 13 / 28
	<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. David Pushman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 106 Muirfield Road		<b>Transaction ID: SA11A1.15190</b>	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 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 ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. David Pushman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 106 Muirfield Road		<b>Transaction ID: SA11A1.15308</b>	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. David Pushman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 106 Muirfield Road		<b>Transaction ID: SA11A1.15518</b>	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction \$15.00 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 ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<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 14 / 28
	<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> William Roberts		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 6529 79th Place		<b>Transaction ID:</b> SA11A1.15288
City State Zip Code Cabin John MD 20818	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William Roberts		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2006
Mailing Address 6529 79th Place		<b>Transaction ID:</b> SA11A1.15404
City State Zip Code Cabin John MD 20818	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> William Roberts		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 6529 79th Place		<b>Transaction ID:</b> SA11A1.15520
City State Zip Code Cabin John MD 20818	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer GEICO	Occupation VP	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 15 / 28
	<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)  
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code  
Lakeland FL 33813

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 ▼ 1582.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 28 2006

Transaction ID: SA11A1.15247

Amount of Each Receipt this Period  
12.00

Payroll deduction \$6.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code  
Lakeland FL 33813

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 ▼ 1594.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 23 2006

Transaction ID: SA11A1.15364

Amount of Each Receipt this Period  
12.00

Payroll deduction \$6.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code  
Lakeland FL 33813

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 ▼ 1606.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 20 2006

Transaction ID: SA11A1.15478

Amount of Each Receipt this Period  
12.00

Payroll deduction \$6.00  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	36.00
<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 16 / 28
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Margaret Rogers		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 12713 Westly Lane		Transaction ID: SA11A1.15237	
City State Zip Code San Diego CA 92131	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 Occupation GEICO manager	Aggregate Year-to-Date ▼ 825.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Margaret Rogers		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 12713 Westly Lane		Transaction ID: SA11A1.15354	
City State Zip Code San Diego CA 92131	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 Occupation GEICO manager	Aggregate Year-to-Date ▼ 835.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Rogers		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 12713 Westly Lane		Transaction ID: SA11A1.15468	
City State Zip Code San Diego CA 92131	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 Occupation GEICO manager	Aggregate Year-to-Date ▼ 845.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<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 17 / 28
	<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

**A.** Full Name (Last, First, Middle Initial)  
David Schindler

Mailing Address 9605 Autumn Oaks Court

City State Zip Code  
Rockville MD 20850

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 ▼  
1650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 28 / 2006

**Transaction ID:** SA11A1.15292

Amount of Each Receipt this Period  
20.00

Payroll deduction \$10.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
David Schindler

Mailing Address 9605 Autumn Oaks Court

City State Zip Code  
Rockville MD 20850

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 ▼  
1670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 23 / 2006

**Transaction ID:** SA11A1.15408

Amount of Each Receipt this Period  
20.00

Payroll deduction \$10.00 biweekly

**C.** Full Name (Last, First, Middle Initial)  
David Schindler

Mailing Address 9605 Autumn Oaks Court

City State Zip Code  
Rockville MD 20850

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 ▼  
1690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 20 / 2006

**Transaction ID:** SA11A1.15524

Amount of Each Receipt this Period  
20.00

Payroll deduction \$10.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 18 / 28
	<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> Louis Simpson		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11A1.15293	
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Louis Simpson		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11A1.15409	
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 ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Louis Simpson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11A1.15525	
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 ▼ 950.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<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 19 / 28
	<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> Jan Stewart		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 715 Dale Dr		Transaction ID: SA11A1.15295	
City State Zip Code Silver Spring MD 20910	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 Occupation GEICO Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jan Stewart		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 715 Dale Dr		Transaction ID: SA11A1.15412	
City State Zip Code Silver Spring MD 20910	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 Occupation GEICO Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 335.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jan Stewart		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 715 Dale Dr		Transaction ID: SA11A1.15528	
City State Zip Code Silver Spring MD 20910	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 Occupation GEICO Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 345.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<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 20 / 28
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Thomas		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1708 Dalwood Meadows		<b>Transaction ID:</b> SA11A1.15252	
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 Occupation GEICO AVP	Aggregate Year-to-Date ▼ 1830.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 1708 Dalwood Meadows		<b>Transaction ID:</b> SA11A1.15368	
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 Occupation GEICO AVP	Aggregate Year-to-Date ▼ 1880.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Thomas		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1708 Dalwood Meadows		<b>Transaction ID:</b> SA11A1.15482	
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 Occupation GEICO AVP	Aggregate Year-to-Date ▼ 1930.00		
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) ..... ▶	

**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 21 / 28
	<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. Mary Zarcone</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 219 Westchester Drive		<b>Transaction ID: SA11A1.15225</b>	
City State Zip Code Macon GA 31210	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 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>B. Mary Zarcone</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2006	
Mailing Address 219 Westchester Drive		<b>Transaction ID: SA11A1.15341</b>	
City State Zip Code Macon GA 31210	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 VP	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. Mary Zarcone</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address 219 Westchester Drive		<b>Transaction ID: SA11A1.15457</b>	
City State Zip Code Macon GA 31210	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 VP	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2016.00

**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 22 / 28

<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

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. Bachus for Congress</b>		<b>Transaction ID:</b> SB23.15565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 59444		Amount of Each Disbursement this Period 1000.00
City Birmingham State AL Zip Code 35259	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Bachus for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06		

Full Name (Last, First, Middle Initial) <b>B. DeMint for Senate</b>		<b>Transaction ID:</b> SB23.15543 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 101 Constitution Ave., NW, #900 We		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name DeMint for Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District:		

Full Name (Last, First, Middle Initial) <b>C. Feeney for Congress</b>		<b>Transaction ID:</b> SB23.15559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 2601		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301	011 Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Feeney for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 24		

<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)

PAGE 23 / 28

<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

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. Friends of Clay Shaw</b>		<b>Transaction ID:</b> SB23.15555 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 2188		Amount of Each Disbursement this Period 1000.00
City Ft. Lauderdale State FL Zip Code 33303	Purpose of Disbursement Campaign Contribution Candidate Name Friends of Clay Shaw Category/Type 010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of John Thune</b>		<b>Transaction ID:</b> SB23.15545 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 2555 Pennsylvania Ave., NW, #908		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20037	Purpose of Disbursement Campaign Contribution Candidate Name Friends of John Thune Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Israel for Congress</b>		<b>Transaction ID:</b> SB23.15561 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 1000.00
City Deer Park State NY Zip Code 11729	Purpose of Disbursement Campaign Contribution Candidate Name Israel for Congress Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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

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. Jim Ryun for Congress</b>		<b>Transaction ID:</b> SB23.15569 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 826		Amount of Each Disbursement this Period 1000.00
City Topeka State KS Zip Code 66601	Purpose of Disbursement Campaign Contribution Candidate Name Jim Ryun for Congress Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John Kyl for U.S. Senate</b>		<b>Transaction ID:</b> SB23.15551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Campaign Contribution Candidate Name John Kyl for U.S. Senate Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. LaTourette for Congress</b>		<b>Transaction ID:</b> SB23.15571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 217 Third Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign Contribution Candidate Name LaTourette for Congress Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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

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. Mike DeWine for U.S. Senate</b>		Transaction ID: SB23.15549 Date of Disbursement 09 / 13 / 2006
Mailing Address P.O. Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234	011 Category/Type	
Purpose of Disbursement Campaign Contribution Candidate Name Mike DeWine for U.S. Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:		

Full Name (Last, First, Middle Initial) <b>B. MIKE R Fund</b>		Transaction ID: SB23.15553 Date of Disbursement 09 / 13 / 2006
Mailing Address P.O. Box 2484		Amount of Each Disbursement this Period 1000.00
City Springfield State VA Zip Code 22152	011 Category/Type	
Purpose of Disbursement Campaign Contribution Candidate Name MIKE R Fund		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 8		

Full Name (Last, First, Middle Initial) <b>C. New Jersey Democratic Victory</b>		Transaction ID: SB23.15541 Date of Disbursement 09 / 06 / 2006
Mailing Address 196 West State Street		Amount of Each Disbursement this Period 1000.00
City Trenton State NJ Zip Code 08608	011 Category/Type	
Purpose of Disbursement Campaign Contribution Candidate Name New Jersey Democratic Victory		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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

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. Pennsylvanians for Kanjorski</b>		<b>Transaction ID: SB23.15564</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period 1000.00
City Wilkes-Barre State PA Zip Code 18701	Purpose of Disbursement Campaign Contribution Candidate Name Pennsylvanians for Kanjorski Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Property Casualty Insurers PAC</b>		<b>Transaction ID: SB23.15535</b> Date of Disbursement 07 / 10 / 2006
Mailing Address 2600 South River Road		Amount of Each Disbursement this Period 5000.00
City Des Plains State IL Zip Code 60018-3286	Purpose of Disbursement Campaign Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID: SB23.15563</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 217 Third Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign Contribution Candidate Name Pryce for Congress Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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

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

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. Renzi for Congress</b>		<b>Transaction ID:</b> SB23.15557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 122 East Route 66, Suite 2		Amount of Each Disbursement this Period 1000.00
City Flagstaff State AZ Zip Code 86001		
Purpose of Disbursement Campaign Contribution Candidate Name Renzi for Congress Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 1		

Full Name (Last, First, Middle Initial) <b>B. Richard Baker for Congress</b>		<b>Transaction ID:</b> SB23.15562 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1694		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70821		
Purpose of Disbursement Campaign Contribution Candidate Name Richard Baker for Congress Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 6		

Full Name (Last, First, Middle Initial) <b>C. Sue Kelly for Congress</b>		<b>Transaction ID:</b> SB23.15567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 599		Amount of Each Disbursement this Period 1000.00
City Katonah State NY Zip Code 15036		
Purpose of Disbursement Campaign Contribution Candidate Name Sue Kelly for Congress Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19		

<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

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. Talent for Senate</b>		<b>Transaction ID:</b> SB23.15547 Date of Disbursement
Mailing Address 507 Capitol Court, NE, #100		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Campaign Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Talent for Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Thelma Drake for Congress</b>		<b>Transaction ID:</b> SB23.15538 Date of Disbursement
Mailing Address P.O. Box 61480		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Virginia Beach	State VA	Zip Code 23466
Purpose of Disbursement Campaign Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Thelma Drake for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 2	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID:</b> SB23.15572 Date of Disbursement
Mailing Address 217 Third Street, SE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Tiberi for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 12	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="26000.00"/>