

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 C 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 (X), 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 PRE-Election Report for the: Primary, Convention, General, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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

Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 / 18 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		38897.52
(b) Cash on Hand at Beginning of Reporting Period.....	38897.52	
(c) Total Receipts (from Line 19) .....	12191.00	12191.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51088.52	51088.52
7. Total Disbursements (from Line 31).....	9500.00	9500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41588.52	41588.52
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: 01 / 01 / 2013 To: 06 / 30 / 2013

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		
(i) Itemized (use Schedule A).....	4495.00	4495.00
(ii) Unitemized .....	7696.00	7696.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	12191.00	12191.00
(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) .....	12191.00	12191.00
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 Transfers (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))..... ▶	12191.00	12191.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12191.00	12191.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	9500.00	9500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	9500.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	9500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12191.00	12191.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12191.00	12191.00
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: PAGE 6 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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. Seth M. Ingall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carry Lane  
 City Melville State NY Zip Code 11747-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation RVP Reg.2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 27 / 2013  
**Transaction ID : SA11AI.24194**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

**B. Seth M. Ingall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carry Lane  
 City Melville State NY Zip Code 11747-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation RVP Reg.2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : SA11AI.24195**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

**C. Seth M. Ingall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carry Lane  
 City Melville State NY Zip Code 11747-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation RVP Reg.2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 23 / 2013  
**Transaction ID : SA11AI.24196**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 7 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Seth M. Ingall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carry Lane  
 City Melville State NY Zip Code 11747-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation RVP Reg.2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA11AI.24522**  
 Amount of Each Receipt this Period **60.00**  
 Payroll deduction \$30.00 biweekly

**B. Paul Lavrey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3495 Pleasant Grove Drive  
 City ljamsville State MD Zip Code 21754-9034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 23 / 2013**  
**Transaction ID : SA11AI.24226**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction \$20.00 biweekly

**C. Paul Lavrey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3495 Pleasant Grove Drive  
 City ljamsville State MD Zip Code 21754-9034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA11AI.24529**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction \$20.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> 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 8 OF 22  
(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**

Full Name (Last, First, Middle Initial)  
**A. Scott Edward Markel**

Mailing Address 514 Waverly Park Drive

City Macon State GA Zip Code 31210-7571

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

Name of Employer GEICO Occupation Reg VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**04 / 26 / 2013**  
**Transaction ID : SA11AI.24247**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)  
**B. Scott Edward Markel**

Mailing Address 514 Waverly Park Drive

City Macon State GA Zip Code 31210-7571

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

Name of Employer GEICO Occupation Reg VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**05 / 23 / 2013**  
**Transaction ID : SA11AI.24248**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)  
**C. Scott Edward Markel**

Mailing Address 514 Waverly Park Drive

City Macon State GA Zip Code 31210-7571

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

Name of Employer GEICO Occupation Reg VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 19 / 2013**  
**Transaction ID : SA11AI.24534**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction \$25.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 9 OF 22  
(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. John W McCutcheon**  
Full Name (Last, First, Middle Initial)

Mailing Address 19218 Tattershall Drive

City Germantown State MD Zip Code 20874-6246

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 / 23 / 2013**

**Transaction ID : SA11AI.24272**

Amount of Each Receipt this Period **40.00**

Payroll deduction \$20.00 biweekly

**B. John W McCutcheon**  
Full Name (Last, First, Middle Initial)

Mailing Address 19218 Tattershall Drive

City Germantown State MD Zip Code 20874-6246

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 / 19 / 2013**

**Transaction ID : SA11AI.24540**

Amount of Each Receipt this Period **40.00**

Payroll deduction \$20.00 biweekly

**C. Paul W Measley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9539 E. Surprise Canyon Ct.

City Tucson State AZ Zip Code 85748-3279

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

Name of Employer GEICO Occupation Reg Liab Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 23 / 2013**

**Transaction ID : SA11AI.24289**

Amount of Each Receipt this Period **40.00**

Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

**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 10 OF 22  
(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. Paul W Measley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9539 E. Surprise Canyon Ct.  
City Tucson State AZ Zip Code 85748-3279  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEICO Occupation Reg Liab Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA11AI.24544**  
Amount of Each Receipt this Period **40.00**  
Payroll deduction \$20.00 biweekly

**B. Robert Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3025 Amherst Avenue  
City Dallas State TX Zip Code 75225-7808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEICO Occupation Regional VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 23 / 2013**  
**Transaction ID : SA11AI.24293**  
Amount of Each Receipt this Period **40.00**  
Payroll deduction \$20.00 biweekly

**C. Robert Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3025 Amherst Avenue  
City Dallas State TX Zip Code 75225-7808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEICO Occupation Regional VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA11AI.24545**  
Amount of Each Receipt this Period **40.00**  
Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**  
**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 11 OF 22  
(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**

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

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
 Great Falls VA 22066-2719

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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : SA11AI.24042**

Amount of Each Receipt this Period  
 300.00

Payroll deduction \$100.00 biweekly

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

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
 Great Falls VA 22066-2719

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2013  
**Transaction ID : SA11AI.24314**

Amount of Each Receipt this Period  
 200.00

Payroll deduction \$100.00 biweekly

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

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code  
 Great Falls VA 22066-2719

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 ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2013  
**Transaction ID : SA11AI.24315**

Amount of Each Receipt this Period  
 200.00

Payroll deduction \$100.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 12 OF 22  
(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**

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

Mailing Address 805 Nethercliffe Hall Road

City Great Falls	State VA	Zip Code 22066-2719
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FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO	Occupation President-Insurance operations
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : SA11AI.24316**

Amount of Each Receipt this Period  

200.00
--------

Payroll deduction \$100.00 biweekly

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

Mailing Address 805 Nethercliffe Hall Road

City Great Falls	State VA	Zip Code 22066-2719
---------------------	-------------	------------------------

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

Name of Employer GEICO	Occupation President-Insurance operations
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

**Transaction ID : SA11AI.24317**

Amount of Each Receipt this Period  

200.00
--------

Payroll deduction \$100.00 biweekly

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

Mailing Address 805 Nethercliffe Hall Road

City Great Falls	State VA	Zip Code 22066-2719
---------------------	-------------	------------------------

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

Name of Employer GEICO	Occupation President-Insurance operations
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

**Transaction ID : SA11AI.24551**

Amount of Each Receipt this Period  

200.00
--------

Payroll deduction \$100.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> 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 13 OF 22  
(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. Nancy Leigh Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Queen Street  
 City Alexandria State VA Zip Code 22314-2611  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2013  
**Transaction ID : SA11AI.24343**  
 Amount of Each Receipt this Period 80.00  
 Payroll deduction \$40.00 biweekly

**B. Nancy Leigh Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Queen Street  
 City Alexandria State VA Zip Code 22314-2611  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : SA11AI.24344**  
 Amount of Each Receipt this Period 80.00  
 Payroll deduction \$40.00 biweekly

**C. Nancy Leigh Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Queen Street  
 City Alexandria State VA Zip Code 22314-2611  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.24345**  
 Amount of Each Receipt this Period 80.00  
 Payroll deduction \$40.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 14 OF 22
	<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. Nancy Leigh Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Alexandria State VA Zip Code 22314-2611

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 ▼ **520.00**

Date of Receipt **06 / 19 / 2013**

**Transaction ID : SA11AI.24558**

Amount of Each Receipt this Period **80.00**

Payroll deduction \$40.00 biweekly

**B. Dana Proulx**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Avery Court, S.W.

City Vienna State VA Zip Code 22180-6448

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

Name of Employer GEICO Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 26 / 2013**

**Transaction ID : SA11AI.24356**

Amount of Each Receipt this Period **50.00**

Payroll deduction \$25.00 biweekly

**C. Dana Proulx**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Avery Court, S.W.

City Vienna State VA Zip Code 22180-6448

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

Name of Employer GEICO Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 23 / 2013**

**Transaction ID : SA11AI.24357**

Amount of Each Receipt this Period **50.00**

Payroll deduction \$25.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**

**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 15 OF 22  
(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. Dana Proulx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Avery Court, S.W.  
 City State Zip Code  
 Vienna VA 22180-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GEICO Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.24560**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction \$25.00 biweekly

**B. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City State Zip Code  
 Bethesda MD 20817-2109  
 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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : SA11AI.24057**  
 Amount of Each Receipt this Period  
 375.00  
 Payroll deduction \$125.00 biweekly

**C. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City State Zip Code  
 Bethesda MD 20817-2109  
 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 ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2013  
**Transaction ID : SA11AI.24372**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll deduction \$125.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00  
**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 16 OF 22  
(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. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 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 ▼ **875.00**

Date of Receipt **03 / 27 / 2013**  
**Transaction ID : SA11AI.24373**  
 Amount of Each Receipt this Period **250.00**  
 Payroll deduction \$125.00 biweekly

**B. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 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 ▼ **1125.00**

Date of Receipt **04 / 26 / 2013**  
**Transaction ID : SA11AI.24374**  
 Amount of Each Receipt this Period **250.00**  
 Payroll deduction \$125.00 biweekly

**C. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 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 ▼ **1375.00**

Date of Receipt **05 / 23 / 2013**  
**Transaction ID : SA11AI.24375**  
 Amount of Each Receipt this Period **250.00**  
 Payroll deduction \$125.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**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 17 OF 22  
(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**

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

Mailing Address 9413 Brooke Dr

City State Zip Code  
 Bethesda MD 20817-2109

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 ▼  
 1625.00

Date of Receipt  
 06 / 19 / 2013  
**Transaction ID : SA11AI.24564**

Amount of Each Receipt this Period  
 250.00

Payroll deduction \$125.00 biweekly

Full Name (Last, First, Middle Initial)  
**B. Donald W Robinson**

Mailing Address 4062 Grandfield Circle

City State Zip Code  
 Mulberry FL 33860-6566

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

Name of Employer Occupation  
 GEICO AVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 05 / 23 / 2013  
**Transaction ID : SA11AI.24379**

Amount of Each Receipt this Period  
 40.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)  
**C. Donald W Robinson**

Mailing Address 4062 Grandfield Circle

City State Zip Code  
 Mulberry FL 33860-6566

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

Name of Employer Occupation  
 GEICO AVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 19 / 2013  
**Transaction ID : SA11AI.24565**

Amount of Each Receipt this Period  
 40.00

Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**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 18 OF 22
	<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. Franklin Kelly Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15572 Pinehurst Pl  
 City San Diego State CA Zip Code 92131-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 23 / 2013**  
**Transaction ID : SA11AI.24410**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction \$20.00 biweekly

**B. Franklin Kelly Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15572 Pinehurst Pl  
 City San Diego State CA Zip Code 92131-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA11AI.24573**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction \$20.00 biweekly

**C. Joseph Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Dalwood Meadows  
 City Virginia Beach State VA Zip Code 23455-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 26 / 2013**  
**Transaction ID : SA11AI.24445**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction \$25.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.00</b>
<b>TOTAL</b> 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 19 OF 22  
(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. Joseph Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Dalwood Meadows  
 City Virginia Beach State VA Zip Code 23455-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.24446**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**B. Joseph Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Dalwood Meadows  
 City Virginia Beach State VA Zip Code 23455-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.24582**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**C. Mary Zarcone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Westchester Drive  
 City Macon State GA Zip Code 31210-7541  
 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  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.24482**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction \$20.00 biweekly

**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: PAGE 20 OF 22  
(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. Mary Zarcone**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 Westchester Drive

City Macon State GA Zip Code 31210-7541

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : SA11AI.24591**

Amount of Each Receipt this Period  
 40.00

Payroll deduction \$20.00 biweekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4495.00

**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)

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

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NAME OF COMMITTEE (In Full)

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address PO Box 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Friends of Dennis Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**Transaction ID : SB23.24487**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DENNIS ROSS**

Mailing Address 499 S. Capitol Street, SW  
Ste. 42

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**FRIENDS OF DENNIS ROSS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	3

**Transaction ID : SB23.24593**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Property Casualty Insurers PAC**

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018-3286

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Property Casualty Insurers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	3

**Transaction ID : SB23.24490**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City State Zip Code  
NEWTON NJ 07860

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**SCOTT GARRETT FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

Transaction ID : SB23.24488

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
---------

9500.00
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