FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | | O | ffice use only |
|-------------------------------|---|-----------------------------------|--|---------------|---------------------------------|
| NAME OF COMMITTEE (in | full) (| Check if name s changed) | Example: If typying, type over the lines | 12FE4M5 | |
| GOVERNMEN | ΓEMPLOYEES IN | SURANCE COM | IPANY POLITICAL ACTION | | |
| | 111111 | 1111 | 1 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 | |
| ADDRESS (number and | one (| GEICO PLAZA | | | |
| (Check if address is changed) | | HINGTON | | LDC L | 20076 |
| COMMITTEE'S E-MAI | L ADDRESS | | CITY▲ | STATE | ZIP CODE ▲ |
| | | 1111 | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (UF | IIIII | | | |
| | | | <u> </u> | | |
| | | 1111 | | | |
| COMMITTEE'S FAX N | IUMBER | | | | |
| لللا | ــــا لــــــــــــــــــــــــــــــــ | J | | | |
| 2. DATE 0 2 | / D D / Y | ^Y 2 0 0 6 ^Y | | | |
| 3. FEC IDENTIFICA | TION NUMBER | | C C00343749 | | |
| 4. IS THIS STATEM | ENT X NEW | (N) OR | AMENDED (A) | | |
| I certify that I have exami | ned this Statement and t | o the best of my know | wledge and belief it is true, correct a | nd complete | |
| Type or Print Name of | Treasurer M | ichael Campbe | II | | |
| Signature of Treasurer | Electronically Filed | by Michael C | ampbell | Date 0 2 | 21 / Y Y Y Y Y Y |
| NOTE: Submission of fal | • | - | v subject the person signing this Sta | · | of 2 U.S.C. S437g. |
| Office Use Only | | | For further information Federal Election Commis Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2003) |

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|---|---|
| 5. TYPE OF COMMITTEE (Check One) | |
| (a) This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) | nplete the candidate |
| Name of Candidate | |
| Candidate Office House Senate President | State dent District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| (d) This committee is a (National, State (or subordinate) committee of the (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. | (Democratic, Republican,etc.) Party. |
| 6. Name of Any Connected Organization or Affiliated Committee MCLANE COMPANY INC. FEDERAL POLITICAL ACTION COMMITTEE | |
| | |
| Mailing Address P O BOX 6115 | |
| | |
| | 76503 |
| CITY ≜ STATE ≜ | ZIP CODE |
| Relationship affiliated | |
| Type of Connected Organization: | |
| X Corporation Corporation w/o Capital Stock Labor | Organization |
| Membership Organization Trade Association Coope | erative |

Page 3

Write or Type Committee Name

| | | E COMPANY POLITICAL | |
|------------------|-------------------|---------------------|--------------------|
| GOVERNAMENT FINE | LOTELS INSUITANCE | - COMPANI FOLITICAL | ACTION COMMINITIES |

| GOVERNMEN | | | | |
|--|------------|--|---------------------------------|---------------------|
| | | tify by name, address, (phone number cooks and records. | optional), and position of t | he person in |
| Full Name | Michael | Campbell | | |
| Mailing Address | | 1303 Roosevelt St. | | |
| | | Annapolis | MD | 21403 |
| Title or Position ▼ | • | CITY A | STATE▲ | ZIP CODE A |
| | | | Telephone number | |
| name and addre | the name a | nd address (phone number optional) of lesignated agent (e.g., assistant treasurer) | the treasurer of the comm). | ittee; and the |
| Full Name | | | | |
| Full Name of Treasurer | Michael | Campbell | | |
| | Michael | Campbell 1303 Roosevelt St. | | |
| of Treasurer | Michael | • | MD | 21403 |
| of Treasurer | | 1303 Roosevelt St. | | |
| of Treasurer Mailing Address | | 1303 Roosevelt St. Annapolis CITY A | MD_ STATE▲ | 21403 |
| of Treasurer Mailing Address | | 1303 Roosevelt St. Annapolis CITY A | MD_ STATE▲ | 21403 ZIP CODE ▲ |
| of Treasurer Mailing Address Title or Position Full Name of Designated | | 1303 Roosevelt St. Annapolis CITY A | MD_ STATE▲ | 21403 ZIP CODE ▲ |
| of Treasurer Mailing Address Title or Position Full Name of Designated Agent | | 1303 Roosevelt St. Annapolis CITY A | MD_ STATE▲ | 21403 ZIP CODE ▲ |
| of Treasurer Mailing Address Title or Position Full Name of Designated Agent | | 1303 Roosevelt St. Annapolis CITY A | MD_ STATE▲ | 21403 ZIP CODE ▲ |

| | FEC Form | 1 (| Rev | vise | d 02 | 2/2 | :00 | 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pa | age | 4 | | | |
|----|-----------------------------------|-----|------|------|-------|-----|-----|----|----|----|-----|------|-----|-----|-----|------|------|------|-----|-----|------|------|-----|-----|-----|------|-----|------|-----|-----|------|------|----|-----|------|-------|------|----------|---|---|--|
| 9. | Banks or Other safety deposit box | xes | or n | nai | ntaiı | ns | | | ba | nk | S 0 | r ot | hei | de | еро | sito | orie | s ii | n w | hic | h th | ne d | con | nmi | tte | e de | еро | sits | fui | nds | , ho | olds | ac | COL | ınts | s, re | ents | 3 | | | |
| | Name of Bank, D | еро | sito | ry, | etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | ı | | | L | | | | | | L | L | | | | | | | | | | | 1 | L | | | | | | | | | | | | | | | | |
| | Mailing Address | | | | | L | | | | | L | L | | | | | | | | | | L | | | | | | | | | | | | | | | | | | ا | |
| | | | | | | L | | | | | L | l | 1 | 1 | | | | | | | | L | | | 1 | 1 | | | | | | | | | | | | | | | |
| | | | | | | L | | | | | L | | | L | | | | | | | | l | | | | | L | | | | L | | | | | | - | L | Ш | | |
| | | | | | | | | | | | | | | CI. | ΤY | ⊿ | | | | | | | | | | | ST | ΑT | E∠ | 3 | | | | z | IP (| COI | DE | | △ | | |

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Corporation

Membership Organization

| FEC Form 1 (Revis | sed 1/2001) | | Page 5 / 10 |
|---|--|---------|---------------------------|
| Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository | aintains funds. | | accounts, rents |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🛆 | STATE △ | ZIP CODE 🛆 |
| | | | |
| Name of Any Connecte | d Organization or Affiliated Committee | | ADDITIONAL] |
| FlightSafety Internat | ional Inc. Political Action Committee | | |
| | | | |
| Mailing Address | 1235 South Clark Street | | |
| | Suite 708 | | |
| | Arlington | VA L | 22202 |
| | CITY | STATE A | ZIP CODE |
| Relationship aff | iliated | | |
| Type of Connected Orga | nization: | | |

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

| Designated Agent | | | | | | | | | | | | | | [| Al | DD | ITI | ONA | ΔL |] | |
|----------------------------|--|--|--|-----|----------|-----|-----|-------|------|-------|-------------------|-----|----------|-----|----|----|-------|-----|------------|---|--|
| Full Name Mailing Address | | | | 1 1 | | 1 1 | -1- | | | | | | | 1 1 | | | | | | | |
| | | | | | | | | | | _ | | | | | | | | | | | |
| Title or Position ▼ | | | | CIT | Y A — | | | Telep | ohon | e nui | ST mber | ATE | A | | | Z | ZIP (| | = A | | |

Membership Organization

| FEC Form 1 (Revised | d 1/2001) | Page 7 / 10 | |
|---|--------------------------------------|--|---|
| Banks or Other Depositor safety deposit boxes or mair Name of Bank, Depository, 6 | ntains funds. | ee deposits funds, holds accounts, rents | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | Ш |
| | CITY 🛆 | STATE △ ZIP CODE △ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name of Any Connected | Organization or Affiliated Committee | [ADDITIONAL] | _ |
| MidAmerican Energy | Company Executive PAC | | |
| | | | |
| Mailing Address | PO Box 657 | | |
| | | | |
| | Des Moines | IA 50303 _ 0657 | |
| | CITY▲ | STATE ▲ ZIP CODE ▲ | |
| Relationship affili | ated | | |
| Type of Connected Organiz | zation: | | |
| X Corporation | Corporation w/o Capital Stock | Labor Organization | |

Trade Association

Cooperative

| Designated Agent | | [ADDITIONAL] |
|----------------------------|--------|---------------------|
| Full Name Mailing Address | | |
| Title or Position ♥ | CITY A | |
| | | elephone number = = |

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Corporation

Membership Organization

| FEC Form 1 (Revised 1/ | 2001) | | Page 9 / 10 |
|--|--------------------------------------|----------------|---------------------------|
| Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc. | ns funds. | | ccounts, rents |
| Mailing Address | | | |
| | | | |
| | CITY 🛆 | STATE △ | ZIP CODE 🛆 |
| Name of Any Connected Org | ganization or Affiliated Committee | | DDITIONAL] |
| Mid American Energy Co | mpany Effective Government Committee | | |
| | | | |
| Mailing Address | PO Box 657 | | |
| | Des Moines | IA L | 50303 _ 0657 |
| | CITY | STATE A | ZIP CODE A |
| Relationship affiliate | | | |

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

| Designated Agent | | [ADDITIONAL] | |
|---------------------|------------------|--|---|
| Full Name | | | |
| - | | | _ |
| Title or Position ▼ | CITY A Te | STATE A ZIP CODE A elephone number = = | |