Image#	29933395703
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
	EMPLOYEES INSURANCE COMPANY POLITICAL ACTION	
ADDRESS (number and s	treet)	
(Check if address is changed)		
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	mcampbell@geico.com	<u> </u>
COMMITTEE'S WEB I (Check if address is changed)		
2. DATE M M 0.3	/ D D / Y Y Y Y 24 / 2009	
3. FEC IDENTIFICA	TION NUMBER C 000343749	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of ⁻	reasurer Michael Campbell	
Signature of Treasurer	Electronically Filed by Michael Campbell	Date 03 / 24 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	FEC F	Form 1 (Revised 02/2009)	Page 2			
5.	TYPE OF CO	OMMITTEE (Check One)				
	Candidate Committee:					
(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. (Complete the information below.)	candidate			
	Name of Candidate					
	Candidate Party Affiliati	ion Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comn	nittee:				
	(d)		Democratic, lepublican,etc.) Party.			
	Political Act	tion Committee (PAC):				
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:			
		X Corporation Corporation w/o Capital Stock Labo	r Organization			
		Membership Organization Trade Association Coo	perative			
	(1)	In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundra	ising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political			

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MCLANE COMPANY INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address	P O BOX 6115		
			76503
	СІТҮ	STATE 🛦	ZIP CODE
Relationship:	X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
possession of Committee	entify by name, address, (phone nu books and records. el Campbell	mber optional), and position	of the person in
Mailing Address	12534 Ansin Circle	Drive	
	Potomac	MD	20854 _
Title or Position ♥ Treasurer	CITY A	STATE Telephone number _30	ZIP CODE & 1 - 986 - 3162
	and address (phone number opt / designated agent (e.g., assistant		mmittee; and the

of Treasurer	Michael Campbell		
Mailing Address	12534 Ansin Circle D	Drive	
	Potomac	MD	20854 _
Title or Position ♥	CITY A	STATE	
Trea	asurer	Telephone number	9863162

FEC Form 1 (Revis	sed 02/2009)	Page 4	4
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥		STATE A ZIP CODE A	1
	т	elephone number – –	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds.	e committee deposits funds, holds accounts, rents	
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	e committee deposits funds, holds accounts, rents	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. & T BANK	e committee deposits funds, holds accounts, rents	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. & T BANK	e committee deposits funds, holds accounts, rents	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. & T BANK 1 RESEARCH COURT 1 RESEARCH COURT 1 RESEARCH COURT 1 RESEARCH COURT 1 RESEARCH COURT		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. & T BANK 1 RESEARCH COURT CITY ▲		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. & T BANK 1 RESEARCH COURT CITY ▲		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. & T BANK 1 RESEARCH COURT CITY ▲		
Safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. & T BANK 1 RESEARCH COURT 1 RESEARCH COURT ROCKVILLE CITY ▲ y, etc.	Impl 20850 - Impl Impl 1 Impl Impl	
Safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. & T BANK 1 RESEARCH COURT 	Impl 20850 - Impl Impl 1 Impl Impl	

FEC Form 1	(Revised 02/2009)	Page 5
Banks or Other Designment Banks or Other Designment Banks or Other Designment Banks of the Banks	epositories: List all banks or other depositories in which the committee deposits functs or maintains funds.	
Name of Bank, Dep	pository, etc.	[ADDITIONAL]
Mailing Address		
	CITY A STATE A	ZIP CODE
Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or L	[ADDITIONAL] eadership PAC Sponsor
	COMPANY GOOD GOVERNMENT FUND FOR FEDERAL ELECTIONS	
Mailing Address	P.O. BOX 425	
		76101

Relationship:	СІТҮ	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundrais	ing Representative	rship PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼		STATE▲	
		Telephone number	
Joint Fundraiser Participant		I	ADDITIONAL]
		FEC ID number	

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Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commit funds.	tee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
Ĺ			
L			
		STATE	
Name of Any Connected Orgar	nization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address	P.O. BOX 272		
			35011
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	
	Telephc	one number	
Joint Fundraiser Participant			[ADDITIONAL]
1	<u></u> FE	C ID number	

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safety deposit boxes or mainta			[ADDITIONAL]
Name of Bank, Depository, etc	Σ.		
Mailing Address			
		STATE	ZIP CODE 🔺
Name of Any Connected Or	contration Affiliated Committee Joint Fundacions Dow	recontative or Londo	
	ganization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leade	Ship PAC Sponsor
FLIGHT SAFETY INTER	NATIONAL, INC. PAC		
	1235 South Clark Street		
Mailing Address			
	Suite 708		
	Arlington		22202
tionship:	CITY	STATE 🛦	ZIP CODE 🔺
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
1			
Full Name			
Mailing Address			
Title or Position ▼			
Title or Position ▼		STATE &	
Title or Position ▼		STATE	 ZIP CODE &
Title or Position ♥ Joint Fundraiser Participan	Telepho		

List all banks or other depositorios is which the Donk . - :L- £. مام امما مام

FEC Form 1 (Revised 02/2009)

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the committee s funds	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE	ZIP CODE
			[ADDITIONAL]
	nization, Affiliated Committee, Joint Fundraising Repr		ership PAC Sponsor
	COMPANY EFFECTIVE GOVERNMENT COMM		
Mailing Address	666 Grand Avenue		
	1		
	Des Moines		50306
	CITY	STATE 🛦	ZIP CODE 🔺
Relationship: Connected Organization	X Affiliated Committee Joint Fundraising Repu	resentative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Mailing Address			
Title or Position ▼	CITY A	STATE	
	Telepho	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE(C ID number	

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Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE	ZIP CODE 🔺
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Re	presentative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address	666 Grand Avenue		
	Des moines		50306
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	presentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ▼			
•			
	Teleph	none number	
Joint Fundraiser Participant			[ADDITIONAL]
	<u>,,,,,,,,,,,,</u> F	EC ID number C	

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Banks or Other Depositorie safety deposit boxes or mainta		mittee deposits funds, holds	s accounts, rents
Name of Bank, Depository, et		[ADDITIONAL]
Mailing Address			
		STATE ⊿	ZIP CODE
			[ADDITIONAL]
-	rganization, Affiliated Committee, Joint Fundraising R	epresentative, or Leaders	hip PAC Sponsor
PACIFICORP/MIDAME	RICAN POLITICAL ACTION COMMITTEE		
Mailing Address	825 Northeast Multhomah		
-	Suite 2000, LCT		
	Portland		97232
Relationship:	СІТҮ	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising F	epresentative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∡	
	Teler	bhone number	
loint Eundreiser Poutisisse			[ADDITIONAL]
Joint Fundraiser Participan			
		FEC ID number	