

**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** CITY STATE ZIP CODE

C00343749

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Election on Convention (12C) Special (12S)
 in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Electronically Filed by Michael Campbell Date 07 17 2001

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

Office
Use
Only

FEC FORM 3X
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		6312.52
(b) Cash on Hand at Beginning of Reporting Period	6312.52	
(c) Total Receipts (from Line 19)	12110.50	12110.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18423.02	18423.02
7. Total Disbursements (from Line 30)	7253.60	7253.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11169.42	11169.42
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

Toll Free 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^W01 ^D01 ^Y2001 To: ^W06 ^D30 ^Y2001

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)	4381.00	
(ii) Unitemized	7729.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12110.50	12110.50
(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 32, page 4)	12110.50	12110.50
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	12110.50	12110.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	12110.50	12110.50

DETAILED SUMMARY PAGE

of Disbursements

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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.....	3.60	3.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3.60	3.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7250.00	7250.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7253.60	7253.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7253.60	7253.60
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12110.50	12110.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12110.50	12110.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	3.60	3.60
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	3.60	3.60

**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 5 / 9	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 Berry

Mailing Address
 445 Iris Court

City State Zip Code
 Tiffin IA 52340

Date of Receipt
 N M / D E / Y Y Y Y
 0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
 260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 GEICO manager

Payroll deduction \$20.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.7122

B. Full Name (Last, First, Middle Initial)
 Peter Chin Ajeong

Mailing Address
 6030 Stonehenge Place

City State Zip Code
 North Bethesda MD 20852

Date of Receipt
 N M / D E / Y Y Y Y
 0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
 260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 GEICO AVP

Payroll deduction \$20.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.7138

C. Full Name (Last, First, Middle Initial)
 Charles Davies

Mailing Address
 157 Culpeper Street

City State Zip Code
 Warrenton VA 22166

Date of Receipt
 N M / D E / Y Y Y Y
 0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
 650.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 GEICO VP

Payroll deduction \$50.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Transaction ID: SA11A1.7142

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

TOTAL 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: PAGE 6 / 9

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
John Geer

Mailing Address
2802 Gretna Place

City State Zip Code
Vienna VA 22181

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GEICO AVP

Payroll deduction \$20.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.7145

B. Full Name (Last, First, Middle Initial)
Fausto Marin

Mailing Address
6816 Crescent Oaks Circle

City State Zip Code
Lakeland FL 33813

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GEICO manager

Payroll deduction \$20.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.7096

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

Mailing Address
805 Nethercliffe Hall Road

City State Zip Code
Great Falls VA 22066

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period
1001.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GEICO President-Insurance operations

Payroll deduction \$77.00 biweekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1001.00

Transaction ID: SA11A1.7159

SUBTOTAL of Receipts This Page (optional) ▶ **1521.00**

TOTAL 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: PAGE 7 / 9

(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. Jess Reed

Mailing Address

8500 Hawkins Creamery Road

City

State

Zip Code

Gaithersburg

MD

20879

Date of Receipt

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

Amount of Each Receipt this Period

390.00

FEC ID number of contributing
federal political committee.

Name of Employer
GEICO

Occupation
VP

Payroll deduction \$30.00 biweekly

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Transaction ID: SA11A1.7164

Full Name (Last, First, Middle Initial)

B. William Roberts

Mailing Address

6529 79th Place

City

State

Zip Code

Cabin John

MD

20818

Date of Receipt

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

Amount of Each Receipt this Period

650.00

FEC ID number of contributing
federal political committee.

Name of Employer
GEICO

Occupation
VP

Payroll deduction \$50.00 biweekly

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Transaction ID: SA11A1.7166

Full Name (Last, First, Middle Initial)

C. Louis Simpson

Mailing Address

P. O. Box 1943

City

State

Zip Code

Rancho Santa Fe

CA

92067

Date of Receipt

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

Amount of Each Receipt this Period

650.00

FEC ID number of contributing
federal political committee.

Name of Employer
Plaza Investment Managers

Occupation
President - Capital operations

Payroll deduction \$50.00 biweekly

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Transaction ID: SA11A1.7172

SUBTOTAL of Receipts This Page (optional) ► **1690.00**

TOTAL This Period (last page this line number only) ► **4381.00**

**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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Cantor for Congress		Date of Disbursement 05 / 17 / 2001	
Mailing Address PO Box 17813 City: Richmond State: VA Zip Code: 23228		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement contribution Candidate Name Cantor for Congress		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7191	

Full Name (Last, First, Middle Initial) B. Friends of Phil Gramm		Date of Disbursement 06 / 06 / 2001	
Mailing Address 900 Second St., NE #114 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name Friends of Phil Gramm		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7195	

Full Name (Last, First, Middle Initial) C. NAIPAC		Date of Disbursement 03 / 15 / 2001	
Mailing Address 2800 River Road City: Des Plaines State: IL Zip Code: 60018-3288		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7185	

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL 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)

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<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				

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

Full Name (Last, First, Middle Initial) A. NAIIPAC			Date of Disbursement 06 / 05 / 2001	
Mailing Address 2600 River Road City State Zip Code Des Plaines IL 60018-3286			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Transaction ID: SB23.7192				

Full Name (Last, First, Middle Initial) B. The Billy Tauzin Committee			Date of Disbursement 06 / 07 / 2001	
Mailing Address 2018 Mt. Vernon Ave. 3rd floor City State Zip Code Alexandria VA 22301			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA District: 02	Disbursement For: Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			
Transaction ID: SB23.7188				

C.

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	7250.00