Image# 14953204897				12/10/2014 11 : 03
		1		PAGE 1 / 12
FEC	STATEMENT	OF		I
FORM 1	ORGANIZATI	ON		
			Of	fice Use Only
1. NAME OF		ample:If typing, type	12FE4M5	
COMMITTEE (in full)	is changed) ov	er the lines.		
GOVERNMENT EMF	PLOYEES INSURANCE	COMPANY POLI	TICAL ACTI	ON COMMITTEE
ADDRESS (number and street)				
 (Check if address is changed) 				
	WASHINGTON		DC 200	76
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	mcampbell@geico.com			
is changed)				
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
 (Check if address is changed) 				
	1			
M M / D	D / Y Y Y Y			
2. DATE 12 24	2013			
		740		
3. FEC IDENTIFICATION NU	JMBER ► C C00343	49		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
		,		
I certify that I have examined th	is Statement and to the best of my	knowledge and belief it is	true, correct and	complete.
Type or Print Name of Treasure	Michael Campbell			
	.			
Signature of Treasurer Micha	uel Campbell	[Electronically Filed]	Date 12	10 2014
	eous, or incomplete information may s ANY CHANGE IN INFORMATION SH			penalties of 2 U.S.C. §437g.
Office		For further information con		FEC FORM 1
Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009) Page 2	
TYP	E OF C	COMMITTEE	
Car	ndidate	e 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 candi information below.)	date
	ne of didate		
	didate y Affiliati	tion Office Sought: House Senate President District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ne of didate		
Par	ty Con	mmittee:	
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc	c.) Party.
Poli	itical A	Action Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a
		Corporation Corporation w/o Capital Stock Labor Organi	ization
		Membership Organization Trade Association Cooperative	
		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 fund committee. (i.e., nonconnected committee)	or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politi committees/organizations, at least one of which is an authorized committee of a federal candidate.	ical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politi committees/organizations, none of which is an authorized committee of a federal candidate.	cal
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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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

	NC. FEDERAL POLITICAL ACTION COM	IMITTEE	
Mailing Address	P O BOX 6115		
		TX	76503
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization X Affiliated Committee Joint Fundraising	Representative	e Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Michael	I Campbell
Full Name	
Mailing Address	12534 Ansin Circle Drive
	[
	Potomac MD 20854-6913 - - - -
Title or Position	CITY STATE ZIP CODE
Treasurer	301 986 3162 Telephone number 1 1

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Michael Campbell
of Treasurer	
Mailing Address	12534 Ansin Circle Drive
	Potomac [MD] [20854-6913] - [
	CITY STATE ZIP CODE
Title or Position	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent		I			1																							
Mailing Address																												
																					L							
							CI	TΥ									ST/	λΤΕ					ZII	ΡC		DE		
Title or Position																												
												Tele	eph	ione	e ni	umt	ber											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M & T	BANK		
Mailing Address			
		MD	20850
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	ntains funds.		Ids accounts, rents ADDITIONAL]
]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Drganization, Affiliated Committee, Joint Fundraisin PANY GOOD GOVERNMENT FUN		
Mailing Address	P.O. BOX 425		
			;101
Relationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraisi	ng Representative	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 📥	STATE	ZIP CODE 🖨
	т	elephone number	
Joint Fundraiser Participa	nt		[ADDITIONAL]
1		FEC ID number C	

ge) F

FEC Form 1G (Revis	(ed 06/2011)		Page 6
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,	aintains funds.		olds accounts, rents [ADDITIONAL]
Mailing Address			
		STATE 🗖	ZIP CODE 🔺
	· · · · · · · · · · · · · · · · · · ·		
Mailing Address			
Mailing Address	P.O. BOX 272		
-			L L L L L L L L L L L L L L L L L L L
Mailing Address			
elationship:			
elationship: Connected Organization			ZIP CODE
elationship: Connected Organization Designated Agent			ZIP CODE
elationship: Connected Organization Designated Agent Full Name			ZIP CODE

	Telephone number	
Joint Fundraiser Participant		[ADDITIONAL]
	FEC ID number	c

FEC Form	1G (Rev	ised 06/2011)

FEC Form 1G (Revised	d 06/2011)		Page 7
Banks or Other Depositorie safety deposit boxes or main Name of Bank, Depository, e	tains funds.		olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	rganization, Affiliated Committee, Joint Fundrais TERNATIONAL, INC. PAC	sing Representative, or Leade	[ADDITIONAL ership PAC Sponsor
Mailing Address	1235 South Clark Street		
	Suite 708		
Relationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundrais	sing Representative	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🖨	STATE	ZIP CODE
		Telephone number	
		•	

FEC For	m 1G (Rev	vised 06/20'	11)

Banks or Other Deposito	ories: List all banks or other depositories in which	sh the committee deposits funds	holds accounts rents
safety deposit boxes or ma	aintains funds.	in the committee deposits funds.	
Name of Bank, Depository	v, etc.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Organization, Affiliated Committee, Joint Fund	Iraising Representative, or Lea	ADDITIONA
	NERGY COMPANY PAC		
Mailing Address	666 Grand Avenue		
	Des Moines		
tin a china	СІТУ	STATE 📥	ZIP CODE 📥
tionship: Connected Organization	X Affiliated Committee Joint Fund	draising Representative	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Designated Agent			
I			
Full Name			[ADDITIONAL]
Full Name	CITY •		[ADDITIONAL]
Full Name	CITY #	L I I I I I I I I I I I I I I I I I I I	

FEC For	m 1G (Rev	/ised 06/2011)	

Banks or Other Depositories: List all banks or oth safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address Mailing Address Name of Any Connected Organization, Affiliated Corganization, Affiliated, A	L I I I I I I I I I I I I I I I I I I I			Is, holds accounts, rents [ADDITIONAL]
Mailing Address	CITY	I I I I I I		L = L = L = L = L = L = L = L = L = L =
Name of Any Connected Organization, Affiliated Co BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address	CITY	L I I I I		[ADDITIONAL eadership PAC Sponsor
Name of Any Connected Organization, Affiliated Co BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address Ma	CITY	L I I I I		[ADDITIONAL eadership PAC Sponsor
BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address Lelationship: Connected Organization Designated Agent Full Name BERKSHIRE HATHAWAY ENERGY	CITY	1 1 1 1 draising Rep 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[ADDITIONAL eadership PAC Sponsor
BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address 666 Grand Avenue Des moines Understand Besignated Agent Full Name	CITY	draising Rep		[ADDITIONAL eadership PAC Sponsor
BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address Best moines Des moines 1 Connected Organization Designated Agent Full Name	CITY	draising Rep		[ADDITIONAL eadership PAC Sponsor
BERKSHIRE HATHAWAY ENERGY Mailing Address Mailing Address Connected Organization Designated Agent Full Name BERKSHIRE HATHAWAY ENERGY		Idraising Rep		eadership PAC Sponsor
BERKSHIRE HATHAWAY ENERGY Mailing Address				
Mailing Address Mailing Address Mailing Address 666 Grand Avenue Des moines Des moines Connected Organization Designated Agent Full Name				
Mailing Address	_			
Mailing Address	_			
elationship: Connected Organization Affiliated Commit Designated Agent Full Name	_			
Lelationship: Connected Organization Designated Agent Full Name	_	1111		
Connected Organization Affiliated Commit	_		STATE 📥	ZIP CODE 📥
Connected Organization Affiliated Commit	ee Joint Fu			
Full Name		ndraising Rep	presentative	Leadership PAC Sponsor
Full Name				[ADDITIONAL]
Title or Position			STATE	
		Telenho	one number	
Joint Fundraiser Participant		reieprie		
		relepite		[ADDITIONAL]

FEC Form 1G	(Revised 06/2011)

Banks or Other Depositor	ies: List all banks or other depositories in which the	committee deposits funds,	holds accounts, rents
safety deposit boxes or mai	ntains funds.		
Name of Bank, Depository,	etc.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
			[ADDITIONA
	Organization, Affiliated Committee, Joint Fundraisir	ng Representative, or Lead	-
ACIFIC POWER/F	ROCKY MOUNTAIN PAC		
Mailing Address	825 Northeast Multnomah		
	Cuite 2000 LOT		
	Suite 2000, LCT		
			97232
		↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	97232
tionship:			– L ZIP CODE 📥
tionship: Connected Organization			
Connected Organization			– L ZIP CODE 📥
Connected Organization Designated Agent			ZIP CODE 📥
Connected Organization			ZIP CODE 📥
Connected Organization Designated Agent			ZIP CODE 📥
Connected Organization Designated Agent Full Name			ZIP CODE 📥
Connected Organization Designated Agent Full Name			ZIP CODE 📥
Connected Organization Designated Agent Full Name			ZIP CODE 📥
Connected Organization Designated Agent Full Name	Portland CITY A Affiliated Committee Joint Fundraisir		Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"///// Image: style="text-align: center;"/>Image: styl
Connected Organization Designated Agent Full Name Mailing Address			ZIP CODE 📥
Connected Organization Designated Agent Full Name Mailing Address	Portland CITY A Affiliated Committee Joint Fundraisin	L L L L L L L L L L L L L L L L L L L	Image: state stat
Connected Organization Designated Agent Full Name Mailing Address	Portland CITY A Affiliated Committee Joint Fundraisin		Image: state stat

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds.	e committee deposits funds, h	olds accounts, rents
Mailing Address			
			 _
	CITY 🗖	STATE 🗖	ZIP CODE 🛆
	d Organization, Affiliated Committee, Joint Fundrais		[ADDITIONA ership PAC Sponsor
	MPLOYEES INSURANCE COMPAN	Y 	
Mailing Address	ONE GEICO PLAZA		
			20076
lationship:	CITY	STATE 🖨	ZIP CODE 📥
Connected Organization	Affiliated Committee Joint Fundrais	ing Representative	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE
		Telephone number	

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Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, et	ains funds.		ds accounts, rents ADDITIONAL]
]
Mailing Address			
	CITY 🗖	STATE 🗖	
_	ganization, Affiliated Committee, Joint Fundraisin Political Action Committee	g Representative, or Leader	[ADDITIONAL] ship PAC Sponsor
	1 PPG Place		
Mailing Address			
	Suite 3100		
	Pittsburgh		²²²
Relationship:	CITY	STATE 🖨	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraisin	g Representative	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Mailing Address			
Title or Position	CITY 🖕	STATE	ZIP CODE
	Τε	elephone number	
Joint Fundraiser Participan	t		[ADDITIONAL]