

# 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

Starr Insurance Holdings, Inc. Political Action Committee

ADDRESS (number and street) 399 Park Avenue  
17th Floor  
New York NY 10022

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00509331

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

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 Howard I. Smith

Signature of Treasurer Howard I. Smith [Electronically Filed] Date 07 / 26 / 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.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Starr Insurance Holdings, Inc. 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"/>		11709.25
(b) Cash on Hand at Beginning of Reporting Period.....	11709.25	
(c) Total Receipts (from Line 19) .....	38938.44	38938.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50647.69	50647.69
7. Total Disbursements (from Line 31).....	46200.00	46200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4447.69	4447.69
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

**Starr Insurance Holdings, Inc. Political Action Committee**

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

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).....	37572.44	37572.44
(ii) Unitemized .....	1366.00	1366.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38938.44	38938.44
(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) .....	38938.44	38938.44
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))..... ▶	38938.44	38938.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38938.44	38938.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	31200.00	31200.00
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 .....	15000.00	15000.00
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)) ..	46200.00	46200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46200.00	46200.00

**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) .....	38938.44	38938.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38938.44	38938.44
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Disbursement to Republican State Leadership Committee designated for the administrative account of Republican Lieutenant Governors Association.

Form/Schedule:  
Transaction ID:

**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 21
	<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Gregory Acampora**  
Full Name (Last, First, Middle Initial)

Mailing Address 399 Park Avenue  
8th Floor

City New York State NY Zip Code 10022

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

Name of Employer C. V. Starr & Co., Inc. Occupation Assistant Comptroller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 28 / 2013  
Transaction ID : **B4CF0685776B6E59E90**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 20023 N 75th Dr

City Glendale State AZ Zip Code 85308-8327

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

Name of Employer Starr Indemnity & Liability Company Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 23 / 2013  
Transaction ID : **E07A64A2F2251655118**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 399 Park Ave  
8th Floor

City New York State NY Zip Code 10022-4877

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

Name of Employer Starr Insurance Holdings, Inc. Occupation Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 29 / 2013  
Transaction ID : **45955E7E14D73B9B1EE**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 8 OF 21
<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael Castelli</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 <b>Transaction ID : 2D27C7A40FC516D638B</b>
Mailing Address 399 Park Ave 8th Floor		Amount of Each Receipt this Period 5000.00
City New York	State Zip Code NY 10022-4877	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00
Name of Employer Starr Insurance Holdings, Inc.	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Coords</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 0864A00F0E9A19D91E2</b>
Mailing Address 399 Park Ave 8th Floor		Amount of Each Receipt this Period 1000.00
City New York	State Zip Code NY 10022-4877	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Starr Indemnity & Liability Company	Occupation Head of Specialty Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles Dangelo</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2013 <b>Transaction ID : 20130709190828-1</b>
Mailing Address 1601 Jordan Way		Amount of Each Receipt this Period 294.00
City Manasquan	State Zip Code NJ 08736	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1176.00
Name of Employer Starr Indemnity & Liability Company	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6294.00
<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: (check only one)	PAGE 10 OF 21
<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Roger Dinella**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2628 Broadway #6B  
City New York State NY Zip Code 10025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C. V. Starr & Co., Inc. Occupation Director of Tax  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
05 / 13 / 2013  
Transaction ID : **D95ED2E61A8FE3C6553**  
Amount of Each Receipt this Period  
2500.00

**B. Philip Finley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 Duchess Ave  
City Singapore State Se Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Starr Underwriting Agencies Int'l, LLC Occupation Regional Manager - Asia Pacific  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
05 / 15 / 2013  
Transaction ID : **99EF4E8EF1FABA8BBB2**  
Amount of Each Receipt this Period  
750.00

**C. Maurice Greenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 E 66th St  
City New York State NY Zip Code 10065-5854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C. V. Starr & Co., Inc. Occupation Chairman and CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
05 / 01 / 2013  
Transaction ID : **21B3F0D84E031473A96**  
Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8250.00  
**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 11 OF 21
<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Jeffrey Hayman**  
Full Name (Last, First, Middle Initial)

Mailing Address 399 Park Ave  
9th Floor

City New York State NY Zip Code 10022-4614

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

Name of Employer Starr Insurance Holdings, Inc. Occupation President - Int'l Ins. Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

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

**Transaction ID : 20130709190828-17**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 399 Park Ave  
9th Floor

City New York State NY Zip Code 10022-4614

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

Name of Employer Starr Insurance Holdings, Inc. Occupation President - Int'l Ins. Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 20 / 2013**

**Transaction ID : 20130709190828-24**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 399 Park Ave  
8th Floor

City New York State NY Zip Code 10022-4877

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

Name of Employer Starr Insurance Holdings, Inc. Occupation Global Chief Claims Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1176.44**

Date of Receipt  
**05 / 09 / 2013**

**Transaction ID : 20130709190828-3**

Amount of Each Receipt this Period  
**294.11**

**SUBTOTAL** of Receipts This Page (optional)..... **694.11**

**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 12 OF 21
	<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Johnson</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 <b>Transaction ID : 20130709190828-8</b>
Mailing Address 399 Park Ave 8th Floor		Amount of Each Receipt this Period 294.11
City New York	State NY	
Zip Code 10022-4877		Aggregate Year-to-Date ▼ 1176.44
FEC ID number of contributing federal political committee. C		
Name of Employer Starr Insurance Holdings, Inc.	Occupation Global Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Johnson</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2013 <b>Transaction ID : 20130709190828-14</b>
Mailing Address 399 Park Ave 8th Floor		Amount of Each Receipt this Period 294.11
City New York	State NY	
Zip Code 10022-4877		Aggregate Year-to-Date ▼ 1176.44
FEC ID number of contributing federal political committee. C		
Name of Employer Starr Insurance Holdings, Inc.	Occupation Global Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Johnson</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2013 <b>Transaction ID : 20130709190828-21</b>
Mailing Address 399 Park Ave 8th Floor		Amount of Each Receipt this Period 294.11
City New York	State NY	
Zip Code 10022-4877		Aggregate Year-to-Date ▼ 1176.44
FEC ID number of contributing federal political committee. C		
Name of Employer Starr Insurance Holdings, Inc.	Occupation Global Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	882.33
<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: (check only one)	PAGE 13 OF 21
<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Bertil Lundqvist**  
Full Name (Last, First, Middle Initial)

Mailing Address 399 Park Avenue, 17th Floor

City New York	State NY	Zip Code 10022
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FEC ID number of contributing federal political committee. **C**

Name of Employer C. V. Starr & Co., Inc.	Occupation EVP & General Counsel
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	29	/	2013

**Transaction ID : 5B0A30E66219F214E2A**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 399 Park Avenue, 17th Floor

City New York	State NY	Zip Code 10022
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FEC ID number of contributing federal political committee. **C**

Name of Employer C. V. Starr & Co., Inc.	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	08	/	2013

**Transaction ID : C949EE106F11C4CE07B**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 399 Park Avenue  
9th Floor

City New York	State NY	Zip Code 10022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Starr Insurance Holdings, Inc.	Occupation Managing Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	13	/	2013

**Transaction ID : D3E33E501838EB941C1**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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 14 OF 21  
(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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christian Milton**

Mailing Address 399 Park Avenue  
17th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
C. V. Starr & Co., Inc. Head of Insurance Business Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2013

**Transaction ID : 20130709190828-9**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 399 Park Avenue  
17th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
C. V. Starr & Co., Inc. Head of Insurance Business Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : 20130709190828-15**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 399 Park Avenue  
17th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
C. V. Starr & Co., Inc. Head of Insurance Business Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2013

**Transaction ID : 20130709190828-22**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 15 OF 21
	<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Alex Pittignano**  
Full Name (Last, First, Middle Initial)

Mailing Address 399 Park Ave  
8th Floor

City New York State NY Zip Code 10022-4877

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

Name of Employer Starr Indemnity & Liability Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

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

**Transaction ID : 20130709190828-18**

Amount of Each Receipt this Period  
**310.00**

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

Mailing Address 399 Park Ave  
8th Floor

City New York State NY Zip Code 10022-4877

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

Name of Employer Starr Indemnity & Liability Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  
**06 / 20 / 2013**

**Transaction ID : 20130709190828-25**

Amount of Each Receipt this Period  
**310.00**

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

Mailing Address 1 North Beacon Place #603

City La Grange State IL Zip Code 60525

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

Name of Employer Starr Indemnity & Liability Company Occupation Chief Underwriting Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**05 / 15 / 2013**

**Transaction ID : 408E96A467C2FCF2EB8**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1620.00</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: (check only one)	PAGE 16 OF 21
<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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A. Peter Seeley**  
Full Name (Last, First, Middle Initial)

Mailing Address 399 Park Avenue, 17th Floor

City New York	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer Starr Insurance Holdings, Inc.	Occupation Managing Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

**Transaction ID : 95D24C4D93125157014**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. Box 830

City Syosset	State NY	Zip Code 11791
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FEC ID number of contributing federal political committee. **C**

Name of Employer C. V. Starr & Co., Inc.	Occupation Vice Chairman - Finance
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

**Transaction ID : 110BBB7F64C06889D88**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 399 Park Avenue, 8th Floor

City New York	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer Starr Insurance Holdings, Inc.	Occupation Associate Counsel
--	---------------------------------

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
06	/	20	/	2013

**Transaction ID : A96860D50CEB5C46C00**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 17 OF 21  
(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)  
**Starr Insurance Holdings, Inc. Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Diane Yep**

Mailing Address 425 E. 51st Street, # 4F

City New York State NY Zip Code 10022

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

Name of Employer Starr Insurance Holdings, Inc. Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : 523F63C4E65E0C547BA**

Amount of Each Receipt this Period  
500.00

**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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37572.44

**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)

**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Boehner for Speaker**

Mailing Address 320 First St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Boehner for Speaker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2013

**Transaction ID : A994449AC46D0E1088B**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Cantor Young Guns Victory Fund**

Mailing Address 25 E. Main Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Cantor Young Guns Victory Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 07 / 2013

**Transaction ID : 6DD3CE3C52F92698663**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Collins for Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Susan Margaret Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : F3B8624E5F9E80E70EE**

Amount of Each Disbursement this Period

2000.00

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

17000.00

**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)

<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)

**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Kristi for Congress

Mailing Address PO Box 852

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

Transaction ID : C3BF2E16FB144B48DAA

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

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

Transaction ID : 85B4318506D2236DF30

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Rangel for Congress

Mailing Address PO Box 5577

City State Zip Code  
New York NY 10027

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Charles Bernard Rangel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	3

Transaction ID : A3F02683FBACAED64F5

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
2	6	0	0	0	0	0	0	0	0

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

9	6	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	6	0	0	0	0	0	0	0	0
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**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)

**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Team Graham Inc**

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Lindsey O. Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	3

Transaction ID : 4472726C07CF774AC8E

Amount of Each Disbursement this Period

2	6	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 450

City Victor State NY Zip Code 14564-0450

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Thomas W. Reed II.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	3

Transaction ID : D572540F2B34925343A

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

4	6	0	0	.	0	0
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3	1	2	0	.	0	0
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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Starr Insurance Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Republican State Leadership Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Mailing Address 1201 F Street NW  
Suite 675

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

**Transaction ID : VDF6B293282DBF85B98D**

Amount of Each Disbursement this Period

15000.00
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Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

15000.00
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15000.00
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