

# 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  
The Chubb Corporation Political Action Committee-CHUBBPAC

ADDRESS (number and street) 15 Mountain View Road  
Check if different than previously reported. (ACC) Warren NJ 07059

2. **FEC IDENTIFICATION NUMBER** C00229203  
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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2007 through 09 30 2007

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 Robert A. Marzocchi

Signature of Treasurer Electronically Filed by Robert A. Marzocchi Date 10 09 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Chubb Corporation Political Action Committee-CHUBBPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">16574.10</td></tr></table>	16574.10
Y	Y	Y	Y									
2	0	0	7									
16574.10												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">14012.63</td></tr></table>	14012.63										
14012.63												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">8025.00</td></tr></table>	8025.00	<table border="1" style="width: 100%;"><tr><td align="right">121566.53</td></tr></table>	121566.53								
8025.00												
121566.53												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">22037.63</td></tr></table>	22037.63	<table border="1" style="width: 100%;"><tr><td align="right">138140.63</td></tr></table>	138140.63								
22037.63												
138140.63												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">15500.00</td></tr></table>	15500.00	<table border="1" style="width: 100%;"><tr><td align="right">131603.00</td></tr></table>	131603.00								
15500.00												
131603.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">6537.63</td></tr></table>	6537.63	<table border="1" style="width: 100%;"><tr><td align="right">6537.63</td></tr></table>	6537.63								
6537.63												
6537.63												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

The Chubb Corporation Political Action Committee-CHUBBPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	5322.00	69580.00
(i) Itemized (use Schedule A) .....	2685.00	51715.00
(ii) Unitemized .....	8007.00	121295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8007.00	121295.00
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.) .....	18.00	271.53
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 Transfer (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)) .....	8025.00	121566.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8025.00	121566.53

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	103.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	103.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	131500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	15500.00	131603.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15500.00	131603.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	8007.00	121295.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8007.00	121295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	103.00
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	103.00

**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 6 / 49
	<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	

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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

A. Full Name (Last, First, Middle Initial) Fran Barfoot		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 3 McKay Drive		Transaction ID: 21744602	
City Bridgewater	State NJ	Amount of Each Receipt this Period 300.00	
Zip Code 08807-2387		FEC ID number of contributing federal political committee. C	
Name of Employer Federal Insurance Company	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

B. Full Name (Last, First, Middle Initial) John C Anderson		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 57 STONE GATE		Transaction ID: PR1131967311974	
City BRIDGEWATER	State NJ	Amount of Each Receipt this Period 40.00	
Zip Code 08807		FEC ID number of contributing federal political committee. C	
Name of Employer Federal Insurance Company	Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 240.00		P/R Deduction (\$20.00 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) John M Swords		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 1653 HOLLYHOCK CIRCLE		Transaction ID: PR1131971111974	
City MALVERN	State PA	Amount of Each Receipt this Period 30.00	
Zip Code 19355		FEC ID number of contributing federal political committee. C	
Name of Employer Federal Insurance Company	Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 255.00		P/R Deduction (\$15.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Richard E Soleau</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131972511974	
Mailing Address 7 MILITIA RD		Amount of Each Receipt this Period 30.00	
City WHITEHOUSE STN	State NJ	Zip Code 08889	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. Anne La Fontaine</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131972711974	
Mailing Address 4 WEST END AVENUE		Amount of Each Receipt this Period 26.00	
City SUMMIT	State NJ	Zip Code 07901	P/R Deduction (\$13.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas B Howland</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131972911974	
Mailing Address 803 WARREN ROAD		Amount of Each Receipt this Period 26.00	
City LUTZ	State FL	Zip Code 33548	P/R Deduction (\$13.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 534.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> R Kerry Besnia		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131973511974	
Mailing Address 1541 YUMA DRIVE		Amount of Each Receipt this Period 40.00	
City FRISCO	State TX	Zip Code 75034	P/R Deduction (\$20.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott F Pringle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131977711974	
Mailing Address 2605 NE 14TH ST		Amount of Each Receipt this Period 40.00	
City FORT LAUDERDALE	State FL	Zip Code 33304	P/R Deduction (\$20.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David P Mc Keon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131978511974	
Mailing Address 79 LAUREL CREST RD		Amount of Each Receipt this Period 50.00	
City MADISON	State CT	Zip Code 06443	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Shu C Lin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131981011974	
Mailing Address 76 BROWN CIRCLE		Amount of Each Receipt this Period 26.00	
City PARAMUS	State NJ	Zip Code 07652	P/R Deduction (\$13.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation VP/Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin G Hogan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131981111974	
Mailing Address 26 PADDEN ROAD		Amount of Each Receipt this Period 50.00	
City FRANKLIN	State MA	Zip Code 02038	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael A Schraer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131982111974	
Mailing Address 17 LINDEN DRIVE		Amount of Each Receipt this Period 34.00	
City BASKING RIDGE	State NJ	Zip Code 07920	P/R Deduction (\$17.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> 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 10 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Timothy T Ellis</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 149 WYOMING AVE		<b>Transaction ID: PR1131986811974</b>	
City <b>MAPLEWOOD</b>	State <b>NJ</b>	Zip Code <b>07040</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Patrick T Hoey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29 WYATT ROAD		<b>Transaction ID: PR1131988311974</b>	
City <b>GARDEN CITY</b>	State <b>NY</b>	Zip Code <b>11530</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Exec Litig Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Kneeshaw</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 63 SHAFTER AVE		<b>Transaction ID: PR1131990511974</b>	
City <b>STATEN ISLAND</b>	State <b>NY</b>	Zip Code <b>10308</b>	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>110.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen S Ellis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131992511974	
Mailing Address 149 WYOMING AVE		Amount of Each Receipt this Period 50.00	
City MAPLEWOOD	State NJ	Zip Code 07040	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 450.00	
Name of Employer Federal Insurance Company	Occupation Sr 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.</b> Patricia A Hurley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131995311974	
Mailing Address 182 NORTHFIELD RD		Amount of Each Receipt this Period 44.00	
City MILLINGTON	State NJ	Zip Code 07946	P/R Deduction (\$22.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 436.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara J Langione		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131997711974	
Mailing Address 74 HILLSIDE AVE		Amount of Each Receipt this Period 30.00	
City HASTINGS ON HUDS	State NY	Zip Code 10706	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 270.00	
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	124.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Richard C Prezioso</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131999111974	
Mailing Address 71 WINSOR PLACE		Amount of Each Receipt this Period 12.00	
City State Zip Code GLEN RIDGE NJ 07028	FEC ID number of contributing federal political committee. C		
Name of Employer Federal Insurance Company	Occupation Litigation Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		
		P/R Deduction (\$6.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Harold K King</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132000811974	
Mailing Address 1067 BRIAR WAY		Amount of Each Receipt this Period 30.00	
City State Zip Code FORT LEE NJ 07024	FEC ID number of contributing federal political committee. C		
Name of Employer Federal Insurance Company	Occupation Sr Litigation Coun		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Henry L Toker</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132004211974	
Mailing Address 34 WESTBROOK WAY		Amount of Each Receipt this Period 40.00	
City State Zip Code MANALAPAN NJ 07726	FEC ID number of contributing federal political committee. C		
Name of Employer Federal Insurance Company	Occupation Sr Litigation Coun		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mary T Sheridan Mailing Address 44 THE FELLSWAY City NEW PROVIDENCE State NJ Zip Code 07974 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132011111974 Amount of Each Receipt this Period 28.00 P/R Deduction (\$14.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ned I Gerstman Mailing Address 3 HEATHER LANE City WARREN State NJ Zip Code 07059 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132011611974 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Exec Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Anthony C Schiavone Mailing Address 1530 16TH ST. N.E. City NAPLES State FL Zip Code 34120 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132012111974 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>168.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul N Morrissette		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132013911974
Mailing Address CO EXPAT SERVICES DEPT 15 MT VIEW ERD		Amount of Each Receipt this Period 40.00
City WARREN State NJ Zip Code 07059	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1110.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Gary C Petrosino		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132014311974
Mailing Address 16748 CALLE ARBOLADA		Amount of Each Receipt this Period 60.00
City PACIFIC PALISADES State CA Zip Code 90272	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 540.00		

<b>C.</b> Full Name (Last, First, Middle Initial) James P Knight		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132014611974
Mailing Address 8 PARIS AVENUE		Amount of Each Receipt this Period 40.00
City EDISON State NJ Zip Code 08820	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

**A.** Full Name (Last, First, Middle Initial)  
Richard Simon

Mailing Address 12 KINGSTON DRIVE

City State Zip Code  
LIVINGSTON NJ 07039

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

Name of Employer Federal Insurance Company Occupation  
Sr Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132016811974

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$21.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Catherine M Padalino

Mailing Address 714 ST CHRISTOPHER'S

City State Zip Code  
RICHMOND VA 23226

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

Name of Employer Federal Insurance Company Occupation  
Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132017011974

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$15.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Joel D Aronchick

Mailing Address 6 EAST LANE

City State Zip Code  
MADISON NJ 07940

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

Name of Employer Federal Insurance Company Occupation  
Sr Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132021611974

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. James Romanelli</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132022711974	
Mailing Address 73 OLD FIELD ROAD		Amount of Each Receipt this Period 26.00	
City HUNTINGTON	State NY	Zip Code 11743	P/R Deduction (\$13.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>B. Andrew A Mc Elwee</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132026211974	
Mailing Address 4 STONE HOUSE RD		Amount of Each Receipt this Period 84.00	
City MENDHAM	State NJ	Zip Code 07945	P/R Deduction (\$42.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00	
Name of Employer Federal Insurance Company	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00		

Full Name (Last, First, Middle Initial) <b>C. Christophe Waller</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132029111974	
Mailing Address 105 MYRTLE CIRCLE		Amount of Each Receipt this Period 30.00	
City GIBSONIA	State PA	Zip Code 15044	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer Federal Insurance Company	Occupation Assistant VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	140.00

# 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 18 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Paul W Franklin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132033211974	
Mailing Address 27 N HILLSIDE AVE		Amount of Each Receipt this Period 50.00	
City CHATHAM      State NJ      Zip Code 07928	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 435.00		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Hoffman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132035011974	
Mailing Address 768 BOULEVARD		Amount of Each Receipt this Period 36.00	
City WESTFIELD      State NJ      Zip Code 07090	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 309.00		P/R Deduction (\$18.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Tracey A Vispoli		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132038111974	
Mailing Address 11 TWINBROOKS TRAIL		Amount of Each Receipt this Period 30.00	
City CHESTER      State NJ      Zip Code 07930	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 270.00		P/R Deduction (\$15.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Mary S Aquino</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132042611974	
Mailing Address 20 SUNSET TRAIL		Amount of Each Receipt this Period 30.00	
City DENVILLE	State NJ	Zip Code 07834	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 270.00	
Name of Employer Federal Insurance Company	Occupation 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. Daniel A Pacicco</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132044211974	
Mailing Address 742 FERNWOOD CT		Amount of Each Receipt this Period 30.00	
City RIDGEWOOD	State NJ	Zip Code 07450	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 270.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Frank Morelli</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132047311974	
Mailing Address 20 DORSET ROAD		Amount of Each Receipt this Period 50.00	
City LONG VALLEY	State NJ	Zip Code 07853	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 420.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> 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: (check only one)	PAGE 20 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Brian Mates</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 107 TOBY DR		<b>Transaction ID: PR1132047511974</b>	
City <b>SUCCASUNNA</b>	State <b>NJ</b>	Zip Code <b>07876</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Andrew N Lagravenese</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 HILL HOLLOW COURT		<b>Transaction ID: PR1132047711974</b>	
City <b>CLINTON</b>	State <b>NJ</b>	Zip Code <b>08809</b>	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 540.00		
		P/R Deduction (\$30.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Robert C Cox</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4 MEEKER ROAD		<b>Transaction ID: PR1132052211974</b>	
City <b>BASKING RIDGE</b>	State <b>NJ</b>	Zip Code <b>07920</b>	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 720.00		
		P/R Deduction (\$40.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>170.00</b>
<b>TOTAL</b> 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 22 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gerard M Butler		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1333 EAGLE BEND DRIVE		Transaction ID: PR1132063011974	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		
		P/R Deduction (\$21.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert J Donnelly		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 24 JOHN STREET		Transaction ID: PR1132064211974	
City BROOKLINE	State MA	Zip Code 02446	Amount of Each Receipt this Period 26.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$13.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Judith A Cook		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 800 SAMPSON AVE		Transaction ID: PR1132066111974	
City ALPHA	State NJ	Zip Code 08865	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	98.00
<b>TOTAL</b> 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: (check only one)	PAGE 23 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Marc R Hachey</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132069211974	
Mailing Address 8 SOUTHGATE DRIVE		Amount of Each Receipt this Period 42.00	
City ANNANDALE State NJ Zip Code 08801	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Sr Vice President	Aggregate Year-to-Date 378.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$21.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>B. Edwin E Creter</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132072011974	
Mailing Address 9 CEDAR TREE LANE		Amount of Each Receipt this Period 26.00	
City CHESTER State NJ Zip Code 07930	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Vice President	Aggregate Year-to-Date 234.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$13.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>C. Lorraine C Heinen</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132072811974	
Mailing Address 60 ALEXANDRIA WAY		Amount of Each Receipt this Period 34.00	
City BASKING RIDGE State NJ Zip Code 07920	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Insurance Company Occupation Vice President	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$17.00 Semi-Monthly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	102.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# 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 24 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Thomas J Ganter</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16 RUSTIC WAY		<b>Transaction ID: PR1132074411974</b>	
City <b>FREEHOLD</b>	State <b>NJ</b>	Zip Code <b>07728</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Merrily Riesebeck</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 91 WHITTINGHAM TERR		<b>Transaction ID: PR1132075611974</b>	
City <b>MILLBURN</b>	State <b>NJ</b>	Zip Code <b>07041</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. William S Crowley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 133 WEXFORD WAY		<b>Transaction ID: PR1132076611974</b>	
City <b>BASKING RIDGE</b>	State <b>NJ</b>	Zip Code <b>07920</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>110.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 26 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Timothy J Kelly</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 CAMMEYER COURT		<b>Transaction ID: PR1132081911974</b>	
City State Zip Code TOWACO NJ 07082	Amount of Each Receipt this Period _____ 24.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 216.00		
		P/R Deduction (\$12.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Philip G Folz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13 DELAWARE DRIVE		<b>Transaction ID: PR1132083211974</b>	
City State Zip Code EAST BRUNSWICK NJ 08816	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Robert J Hopper</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1301 ROGER AVENUE		<b>Transaction ID: PR1132087011974</b>	
City State Zip Code BRIDGEWATER NJ 08807	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation SVP/Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>114.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 27 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Michele E Twyman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2378 APPLE RIDGE CIRCLE		<b>Transaction ID: PR1132087111974</b>	
City <b>MANASQUAN</b>	State <b>NJ</b>	Zip Code <b>08736</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Mark P Korsgaard</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 64 KNOLLWOOD AVE		<b>Transaction ID: PR1132092211974</b>	
City <b>MADISON</b>	State <b>NJ</b>	Zip Code <b>07940</b>	Amount of Each Receipt this Period _____ 42.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 378.00		
		P/R Deduction (\$21.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Michael W O Malley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 36 EDGEMERE TERRACE		<b>Transaction ID: PR1132096411974</b>	
City <b>WASHINGTON</b>	State <b>NJ</b>	Zip Code <b>07882</b>	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$35.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>162.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 28 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Robert A Marzocchi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132098511974	
Mailing Address 34 SQUIRE HILL RD		Amount of Each Receipt this Period 60.00	
City LONG VALLEY	State NJ	Zip Code 07853	P/R Deduction (\$30.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 510.00	
Name of Employer Federal Insurance Company	Occupation Sr 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.</b> Christopher N Di Sipio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132110411974	
Mailing Address 4 KREN DR		Amount of Each Receipt this Period 70.00	
City RINGOES	State NJ	Zip Code 08551	P/R Deduction (\$35.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 630.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Michael J Casella		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132111611974	
Mailing Address C/O EXPATRIATE SERVICES DEPT 15 MOUNTAIN VIEW ROAD		Amount of Each Receipt this Period 48.00	
City WARREN	State NJ	Zip Code 07059	P/R Deduction (\$24.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 432.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	178.00
<b>TOTAL</b> 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 29 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Christoph Ritterson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132114911974	
Mailing Address 1846 STOCKTON DRIVE		Amount of Each Receipt this Period 50.00	
City NORTHFIELD	State IL	Zip Code 60093	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 480.00	
Name of Employer Federal Insurance Company	Occupation Sr 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.</b> R Jeffery Brown		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132126311974	
Mailing Address 624 CLEARFIELD ROAD		Amount of Each Receipt this Period 42.00	
City NAZARETH	State PA	Zip Code 18064	P/R Deduction (\$21.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 378.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Baxter W Graham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132128811974	
Mailing Address 84 BEEKMAN ROAD		Amount of Each Receipt this Period 60.00	
City SUMMIT	State NJ	Zip Code 07901	P/R Deduction (\$30.00 Semi-Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 540.00	
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	152.00
<b>TOTAL</b> 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: (check only one)	PAGE 30 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Marjorie D Raines</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132134311974
Mailing Address 64C BLUE MILL ROAD		Amount of Each Receipt this Period 100.00
City MORRISTOWN State NJ Zip Code 07960	P/R Deduction (\$50.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date 900.00	
Name of Employer Federal Insurance Company Occupation Exec 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. Ruth M Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132135311974
Mailing Address 15 ORCHARD STREET		Amount of Each Receipt this Period 28.00
City BERNARDSVILLE State NJ Zip Code 07924	P/R Deduction (\$14.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date 252.00	
Name of Employer Federal Insurance Company Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. D Scott Dalton</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132137411974
Mailing Address 3716 LANGLEY OAKS PL		Amount of Each Receipt this Period 40.00
City MARIETTA State GA Zip Code 30067	P/R Deduction (\$20.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date 360.00	
Name of Employer Federal Insurance Company Occupation Sr Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	168.00
<b>TOTAL</b> 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: (check only one)	PAGE 31 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Michelle D Middleton</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30 SOUTHGATE DRIVE		<b>Transaction ID: PR1132139511974</b>	
City ANNANDALE      State NJ      Zip Code 08801	Amount of Each Receipt this Period _____ 64.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Sr Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 510.00		P/R Deduction (\$32.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. Donald Garvey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1819 MEADOW LANE DR		<b>Transaction ID: PR1132139811974</b>	
City EASTON      State PA      Zip Code 18042	Amount of Each Receipt this Period _____ 24.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 216.00		P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. John W Luthringer</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 STONEWICKE DRIVE		<b>Transaction ID: PR1132144411974</b>	
City PITTSTOWN      State NJ      Zip Code 08867	Amount of Each Receipt this Period _____ 24.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 216.00		P/R Deduction (\$12.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>112.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 32 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

**A.** Full Name (Last, First, Middle Initial)  
Timothy M Shannahan

Mailing Address 1201 ARDMOOR

City BLOOMFIELD State MI Zip Code 48301

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

Name of Employer Federal Insurance Company Occupation Sr Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132144611974

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Keith D Marks

Mailing Address 580 AHLSTRAND ROAD

City GLEN ELLYN State IL Zip Code 60137

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

Name of Employer Federal Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132145111974

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Terrence W Cavanaugh

Mailing Address 35 BROOKRACE DRIVE

City MENDHAM State NJ Zip Code 07945

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

Name of Employer Federal Insurance Company Occupation Sr Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1132145311974

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>118.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 33 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> James R Hamilton		Date of Receipt
Mailing Address 17401 W 135TH STREET		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
LOCKPORT	IL	60441
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1132150911974
Name of Employer Federal Insurance Company		Amount of Each Receipt this Period
Occupation Sr Vice President		<input type="text"/> 84.00
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$42.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 696.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dieter W Korte		Date of Receipt
Mailing Address 3712 SUNBURST LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
NAPERVILLE	IL	60564
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1132156411974
Name of Employer Federal Insurance Company		Amount of Each Receipt this Period
Occupation Vice President		<input type="text"/> 26.00
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$13.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 234.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Carol J Comeau		Date of Receipt
Mailing Address 23 WINDSOR CIRCLE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
WAYNE	PA	19087
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1132159211974
Name of Employer Federal Insurance Company		Amount of Each Receipt this Period
Occupation Sr Litigation Coun		<input type="text"/> 30.00
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 270.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 140.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 34 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Allison W Meta</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10108 MUIRFIELD TRACE		<b>Transaction ID: PR1132161211974</b>
City FISHERS State IN Zip Code 46038	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$21.00 Semi-Monthly)	
Name of Employer Federal Insurance Company Occupation Vice President	Aggregate Year-to-Date 378.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William D Arrighi</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 351 NO. RIDGWOOD RD.		<b>Transaction ID: PR1132162811974</b>
City SOUTH ORANGE State NJ Zip Code 07079	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)	
Name of Employer Federal Insurance Company Occupation Sr Vice President	Aggregate Year-to-Date 312.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark A Locke</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1527 West Silver Pine Drive		<b>Transaction ID: PR1132164111974</b>
City Anthem State AZ Zip Code 85086	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Semi-Monthly)	
Name of Employer Federal Insurance Company Occupation Vice President	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>112.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 35 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. David A Barclay</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2602 ZAMBIA		<b>Transaction ID: PR1132166711974</b>	
City CEDAR PARK	State TX	Zip Code 78613	Amount of Each Receipt this Period _____ 26.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 204.00		
		P/R Deduction (\$13.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Pamela D Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5108 MEADOWSIDE LANE		<b>Transaction ID: PR1132166911974</b>	
City PLANO	State TX	Zip Code 75093	Amount of Each Receipt this Period _____ 26.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		
		P/R Deduction (\$13.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Scott B Teller</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 979 SEVERIN DRIVE		<b>Transaction ID: PR1132167911974</b>	
City BRIDGEWATER	State NJ	Zip Code 08807	Amount of Each Receipt this Period _____ 26.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		
		P/R Deduction (\$13.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>78.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 36 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ellen T Campbell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132168011974	
Mailing Address 102 WESTBROOK COURT		Amount of Each Receipt this Period 26.00	
City State Zip Code SAFETY HARBOR FL 34695	FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Assistant VP	Aggregate Year-to-Date ▼ 234.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Michael W Heembrock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132174811974	
Mailing Address 203 FLOCKTOWN ROAD		Amount of Each Receipt this Period 30.00	
City State Zip Code LONG VALLEY NJ 07853	FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President	Aggregate Year-to-Date ▼ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Janice C Tomlinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132177011974	
Mailing Address 322 SOUTH FINLEY AVENUE		Amount of Each Receipt this Period 70.00	
City State Zip Code BASKING RIDGE NJ 07920	FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Exec Vice President	Aggregate Year-to-Date ▼ 630.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 37 / 49</span> (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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk O Bailey Mailing Address 5119 E 108TH ST City State Zip Code TULSA OK 74137 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113217711974 Amount of Each Receipt this Period 34.00
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	P/R Deduction (\$17.00 Semi-Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) Michael D Daugherty Mailing Address THE VENDOME 3505 TURTLE CREEK BLVD 3F City State Zip Code DALLAS TX 75219 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113217731974 Amount of Each Receipt this Period 34.00
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 306.00	P/R Deduction (\$17.00 Semi-Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) Clifton E Thomas Mailing Address 4120 LETHRAM CT City State Zip Code PLEASANTON CA 94588 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113218251974 Amount of Each Receipt this Period 60.00
Name of Employer Federal Insurance Company Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.00
<b>TOTAL</b> 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: (check only one)	PAGE 38 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul L Lewis Mailing Address 64 BLAZIER RD City MARTINSVILLE State NJ Zip Code 08836 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132184611974 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John L Bayley Mailing Address 10 WOODHAVEN DRIVE City SIMSBURY State CT Zip Code 06070 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132186611974 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Philip W Fiscus Mailing Address 34 MOREY LANE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132188711974 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> 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 39 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Valerie A Aguirre</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 604 EMERALD TRAIL		<b>Transaction ID: PR1132193311974</b>	
City <b>MARTINSVILLE</b>	State <b>NJ</b>	Zip Code <b>08836</b>	Amount of Each Receipt this Period _____ 42.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation <b>Sr Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 378.00		
		P/R Deduction (\$21.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Kevin G Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9807 SIERRA TRAIL		<b>Transaction ID: PR1132193711974</b>	
City <b>EDEN PRAIRIE</b>	State <b>MN</b>	Zip Code <b>55347</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation <b>Sr Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Phillip C Demmel</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1514 MISSION RIDGE TR		<b>Transaction ID: PR1132196311974</b>	
City <b>CARROLLTON</b>	State <b>TX</b>	Zip Code <b>75007</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation <b>Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>122.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 40 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Alex R Delaricheliere</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 106 NEWMARKET ROAD		<b>Transaction ID: PR113220211974</b>	
City State Zip Code GARDEN CITY NY 11530	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. Karen Pettit Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2601 PENNSYLVANIA AVE UNIT 902		<b>Transaction ID: PR113220791974</b>	
City State Zip Code PHILADELPHIA PA 19130	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Assistant VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$5.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jeffrey A Updyke</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1917 Alexander Drive		<b>Transaction ID: PR113220931974</b>	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Federal Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>80.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 42 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) C Scott Gunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113225411974	
Mailing Address 2905 EASTBOURNE LANE		Amount of Each Receipt this Period 40.00	
City FLOWER MOUND	State TX	Zip Code 75022	P/R Deduction (\$20.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer Federal Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Sr Vice President  Aggregate Year-to-Date ▼ 360.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Craig Bierl		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132392611974	
Mailing Address 307 CONCANNEAU DRIVE		Amount of Each Receipt this Period 24.00	
City LA PORTE	State IN	Zip Code 46350-1926	P/R Deduction (\$12.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer Federal Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Manager  Aggregate Year-to-Date ▼ 202.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eleanor May		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1132393911974	
Mailing Address 18 RIDGEWOOD PKWY E		Amount of Each Receipt this Period 30.00	
City DENVERVILLE	State NJ	Zip Code 07834	P/R Deduction (\$15.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer Chubb Computer Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Manager  Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	94.00
<b>TOTAL</b> 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: (check only one)	PAGE 43 / 49
	<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bert Wolff Mailing Address 39 MARSHALL ROAD City Hillsborough State NJ Zip Code 08844 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132483511974 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Gregory W Bangs Mailing Address 10 GEOFFREY CT City Chatham State NJ Zip Code 07928 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132492311974 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Sunita Holzer Mailing Address 76 S STONEHEDGE DR City Basking Ridge State NJ Zip Code 07920 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1132518211974 Amount of Each Receipt this Period 26.00 P/R Deduction (\$13.00 Semi-Monthly)
Name of Employer Federal Insurance Company Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86.00</b>
<b>TOTAL</b> 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 44 / 49	
	(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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

**A.** Full Name (Last, First, Middle Initial)  
Leo Schmidt

Mailing Address 415 WEST 55TH STREET  
APT 2B

City State Zip Code  
NEW YORK NY 10019

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

Name of Employer Federal Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y

**Transaction ID:** PR1132626611974

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$15.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5322.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 49	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Chubb Corporation Political Action Committee-CHUBBPAC

**A.** Full Name (Last, First, Middle Initial)  
Peapack-Gladstone Bank - Money Market

Mailing Address 15 Mountain View Road

City	State	Zip Code
Warren	NJ	07059

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.53

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 21778002

Amount of Each Receipt this Period  
18.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	18.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18.00

**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)

<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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. Collins for Senator</b>		<b>Transaction ID:</b> 21630850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 1000.00
City Bangor State ME Zip Code 04402	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Susan Collins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wally Herger for Congress</b>		<b>Transaction ID:</b> 21630815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address PO Box 1500		Amount of Each Disbursement this Period 1000.00
City Chico State CA Zip Code 95927	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rob Andrews for Congress</b>		<b>Transaction ID:</b> 21630852 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address Attn: Edith Giniger P.O. Box 11795		Amount of Each Disbursement this Period 1500.00
City New Brunswick State NJ Zip Code 08906	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Robert Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. The Freedom Project</b>		<b>Transaction ID:</b> 21630891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 111 C Street SE Lower Unit		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> 21630853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 430 S. Capitol St., SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Chambliss for Senate</b>		<b>Transaction ID:</b> 21630851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30355	Purpose of Disbursement Candidate Name Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 1	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial) <b>A. New Republican Majority Fund</b>		<b>Transaction ID:</b> 21630847 Date of Disbursement
Mailing Address 201 North Union Street Suite 530		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERIPAC</b>		<b>Transaction ID:</b> 21630878 Date of Disbursement
Mailing Address 499 South Capitol Street, SW Suite 414		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID:</b> 21638541 Date of Disbursement
Mailing Address 145 E. Rich Street		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Void - Pryce for Congress		Amount of Each Disbursement this Period
Candidate Name Deborah Pryce		<input type="text" value="-1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Void - Pryce for Congress
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

PAGE 49 / 49

<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)

The Chubb Corporation Political Action Committee-CHUBBPAC

Full Name (Last, First, Middle Initial)

**A.** Texans for Senator John Cornyn, Inc.

Mailing Address P.O. Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

Category/  
Type

Candidate Name  
John Cornyn

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 2

Transaction ID: 21741524

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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