

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC

ADDRESS (number and street) 11680 Great Oaks Way  
Suite 500  
 Check if different than previously reported. (ACC)  
Alpharetta GA 30022

2. **FEC IDENTIFICATION NUMBER** C00453571  
**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 11 25 2008 through 12 31 2008

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 Mr. Richard T. Gieryn, Jr.

Signature of Treasurer Electronically Filed by Mr. Richard T. Gieryn, Jr. Date 01 22 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">14790.01</td></tr></table>	14790.01										
14790.01												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">4000.00</td></tr></table>	4000.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">19000.00</td></tr></table>	19000.00								
4000.00												
19000.00												
(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%; height: 20px;"><tr><td align="right">18790.01</td></tr></table>	18790.01	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">19000.00</td></tr></table>	19000.00								
18790.01												
19000.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">53.52</td></tr></table>	53.52	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">263.51</td></tr></table>	263.51								
53.52												
263.51												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">18736.49</td></tr></table>	18736.49	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">18736.49</td></tr></table>	18736.49								
18736.49												
18736.49												
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%; height: 20px;"><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%; height: 20px;"><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

GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4000.00	19000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	4000.00	19000.00
(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) .....	4000.00	19000.00
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.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	4000.00	19000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4000.00	19000.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	53.52	263.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	53.52	263.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	53.52	263.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53.52	263.51

**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 .....	4000.00	19000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4000.00	19000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53.52	263.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53.52	263.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 8
	<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)  
GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Timothy J. Covello	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address One State Street Suite 1700	<b>Transaction ID:</b> SA11AI.4138
	City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation AXIS Specialty US Services Inc Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher A. Donelan	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 430 Park Avenue 4th Floor	<b>Transaction ID:</b> SA11AI.4142
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation AXIS Specialty US Services Inc Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John A. Kuhn	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 300 Connell Drive Connell Corp. Park, Suite 2000	<b>Transaction ID:</b> SA11AI.4139
	City State Zip Code Berkeley Heights NJ 07922	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation AXIS Specialty US Services Inc Chief Executive Officer - Prof. Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 8	
	(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"/> 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)  
**GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin J. Markowski		Date of Receipt																					
	Mailing Address 430 Park Avenue 4th Floor		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	2		2	0	0	8														
	City State Zip Code New York NY 10022		<b>Transaction ID:</b> SA11AI.4141																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																					
Name of Employer AXIS Specialty US Services Inc		Occupation Executive Vice President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution Aggregate Year-to-Date ▼ 1000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4000.00

**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)

PAGE 8 / 8

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC

<b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28256-3966 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4143 Date of Disbursement 11 / 28 / 2008
	Amount of Each Disbursement this Period 26.64 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28256-3966 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4144 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 26.88 Category/Type: 001

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

53.52

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

53.52