

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 159

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Travelers Companies, Inc. Political Action Committee (T-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldberg, Jeff, C., ,

Mailing Address Suite 800

161 N Clark Street

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Travelers Indemnity Co

Occupation (for Individual)

Sr Counsel Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : A2019-2476998

Amount of Each Receipt this Period

29.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gorecki, John, R., ,

Mailing Address One Tower Square

City

Hartford

State

CT

Zip Code

06183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Travelers Indemnity Co

Occupation (for Individual)

VP CSS Product & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2019

Transaction ID : A2019-2305149

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gorecki, John, R., ,

Mailing Address One Tower Square

City

Hartford

State

CT

Zip Code

06183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Travelers Indemnity Co

Occupation (for Individual)

VP CSS Product & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : A2019-2477000

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

59.12