

**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 197 OF 269
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Travelers Companies Inc. Political Action Committee (T-PAC)**

**A. Ross, Patricia, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Tower Square

City Hartford	State CT	Zip Code 06183
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Travelers Indemnity Co	Occupation (for Individual) 2VP Project Management
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
622.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : A2017-2038754**

Amount of Each Receipt this Period  
33.02

Memo Item

**B. Ross, Patricia, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Tower Square

City Hartford	State CT	Zip Code 06183
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Travelers Indemnity Co	Occupation (for Individual) 2VP Project Management
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : A2017-2148155**

Amount of Each Receipt this Period  
33.02

Memo Item

**C. Rowe, Philip, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Suite 130  
11070 White Rock Road

City Rancho Cordova	State CA	Zip Code 95670
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Travelers Indemnity Co	Occupation (for Individual) Field Director RC
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
263.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

**Transaction ID : A2017-1939177**

Amount of Each Receipt this Period  
14.62

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.66
<b>TOTAL</b> This Period (last page this line number only).....	