

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 150 OF 193              |
|   | (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"/> 12  |
|   |                              | <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 Travelers Companies, Inc. Political Action Committee (T-PAC)**

|  |                                      |          |   |
|--|--------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Douglas K Russell</b> |                                      |          | Date of Receipt   |
| Mailing Address One Tower Square                                       |                                      |          | <input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/> |
| City   | State                                | Zip Code | <b>Transaction ID : A2015-1908002</b>   |
| Hartford   | CT                                   | 06183    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | <input type="text" value="C"/>       |          | <input type="text" value="144.23"/>   |
| Name of Employer   | Occupation                           |          |   |
| Travelers Indemnity Co   | SVP Corporate Controller             |          |   |
| Receipt For:   | Aggregate Year-to-Date ▼             |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General      | <input type="text" value="2382.72"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                             |                                      |          |   |

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ellen S Ryczek</b> |                                     |          | Date of Receipt   |
| Mailing Address One Tower Square                                    |                                     |          | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code | <b>Transaction ID : A2015-1713661</b>   |
| Hartford  | CT                                  | 06183    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |          | <input type="text" value="30.94"/>  |
| Name of Employer  | Occupation                          |          |   |
| Travelers Indemnity Co  | 2VP Bond Claim Operations           |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="490.94"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |          |   |

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ellen S Ryczek</b> |                                     |          | Date of Receipt   |
| Mailing Address One Tower Square                                    |                                     |          | <input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code | <b>Transaction ID : A2015-1907940</b>   |
| Hartford  | CT                                  | 06183    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |          | <input type="text" value="30.94"/>  |
| Name of Employer  | Occupation                          |          |   |
| Travelers Indemnity Co  | 2VP Bond Claim Operations           |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="521.88"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |          |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="206.11"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |