

**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 125 OF 179
<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 Travelers Companies Inc. Political Action Committee (T-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Reagin, Tammy, S, ,		Date of Receipt
Mailing Address Ste 6100 9954 Mayland Dr		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2030012
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="21.92"/>
Occupation (for Individual) Dir Cash Control		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="416.48"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reagin, Tammy, S, ,		Date of Receipt
Mailing Address Ste 6100 9954 Mayland Dr		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2018"/>
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2157758
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="21.92"/>
Occupation (for Individual) Dir Cash Control		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="438.40"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Redman, Karen, A, ,		Date of Receipt
Mailing Address 11042 Sagamore Rd NW		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Pickerington	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2030129
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="11.44"/>
Occupation (for Individual) Regional Dir Field Trng		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="214.45"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.28"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>