

**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 106 OF 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)

A. Reilly, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP and Chief Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1076.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-567276
 Amount of Each Receipt this Period 134.62
 Memo Item

B. Reilly, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP and Chief Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1211.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-692548
 Amount of Each Receipt this Period 134.62
 Memo Item

C. Rhoads, Karin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 & Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 497.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-567278
 Amount of Each Receipt this Period 63.03
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	332.27
TOTAL This Period (last page this line number only).....▶	