

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

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

FOR LINE NUMBER: PAGE 9 OF 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benet , Jay, S, ,**

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)  
Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.08

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2020

Transaction ID : A2020-152141

Amount of Each Receipt this Period

178.27

☐ Memo Item

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

**B. Benet , Jay, S, ,**

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)  
Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.35

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2020

Transaction ID : A2020-317250

Amount of Each Receipt this Period

178.27

☐ Memo Item

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

**C. Bessette, Andy, F, ,**

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)  
EVP and Chief Admin Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2020

Transaction ID : A2020-152107

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

606.54