

**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 137 OF 184
<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)**

**A. 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 ▼ 817.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : A2017-1314733**  
 Amount of Each Receipt this Period  
 64.04  
 Memo Item

**B. Rizzo, Ellen, M, ,**  
 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 ClaimShrdSvc & CFO Claim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1592.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : A2017-1129065**  
 Amount of Each Receipt this Period  
 132.69  
 Memo Item

**C. Rizzo, Ellen, M, ,**  
 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 ClaimShrdSvc & CFO Claim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1724.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : A2017-1314735**  
 Amount of Each Receipt this Period  
 132.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	329.42
<b>TOTAL</b> This Period (last page this line number only).....	