

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

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

FOR LINE NUMBER: PAGE 7 / 17
(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 St. Paul Travelers Companies Inc. PAC

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ROBERT K MCILRATH | | Date of Receipt M / D / Y 10 / 08 / 2004 |
| Mailing Address 385 Washington Street | | Transaction ID: A391572 |
| City | State | Zip Code |
| St. Paul | MN | 55102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.58 |
| Name of Employer St. Paul Fire & Marine In- s. Co. | Occupation VP Fixed Income Portfolio Mgr | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 363.48 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. T M MILLER | | Date of Receipt M / D / Y 10 / 08 / 2004 |
| Mailing Address 385 Washington Street | | Transaction ID: A391574 |
| City | State | Zip Code |
| St. Paul | MN | 55102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.38 |
| Name of Employer St. Paul Fire & Marine In- s. Co. | Occupation EVP Specialty Commercial | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1442.28 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DAVID RITGER | | Date of Receipt M / D / Y 10 / 08 / 2004 |
| Mailing Address 9020 Overlook Boulevard | | Transaction ID: A391583 |
| City | State | Zip Code |
| Brentwood | TN | 37027 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer The St. Paul Travelers Co- mpanies Inc. | Occupation Service Center Manager Claim | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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|--|---------------|
| SUBTOTAL of Receipts TN's Page (optional) | 600.96 |
| TOTAL This Period (last page this line number only) | |