| FEC FORM 3X | AN | ND DIS | OF RE BURSE An Authorize | MENT | S | | Office Use Only | Γ |
|--|--|--|---|----------------------------------|---|-----------------|--------------------------------|---|
| 1. NAME OF COMMITTEE (in f | | e or print v | | ample: If typir er the lines. | ng, type | 12FE4M | 5 | |
| The Travelers C | Companies | Inc. Politic | cal Action Co | ommittee (| T-PAC) | | | |
| | | | | | | | | |
| ADDRESS (number and | | ne Tower Squar | ″e │ | | | | | |
| Check if different than previous reported. (AC | ly i F | Hartford | | | <u> </u> | | 06183 | - , , , |
| 2. FEC IDENTIFICA | | ER 🔻 | CITY 🔺 | | S | | ZIP CO | |
| C C00376376 | | | 3. IS THIS REPORT | ~ | NEW N) OR | AM (A) | IENDED | |
| 4. TYPE OF REP (Choose One) (a) Quarterly Rep | | (b) Monthly Report Due On: | Feb 20 (M2 Mar 20 (M3 Apr 20 (M4) | | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | x Sep | 20 (M8) 20 (M9) 20 (M10) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) |
| July 15 Quarterly October 1 | Report (Q3) | (C) 12-Day PRE -El Report | | Primary (12F Convention (| 12C) | General (| 12S) | Runoff (12R) |
| Year-End July 31 M | Report (YE) lid-Year lon-election /) (MY) | | Election on Election for the: | General (300 | ā) | Runoff (3 | | of |
| (TER) | | | Election on | M = M / | D D / | Y Y Y Y Y | in the State | of |
| 5. Covering Period | 08 | 01 | 2018 | through | M M 08 | / D D / 31 | 2018 |] |
| I certify that I have exactly a certify that I have exactly a certify that I have of | F | eport and to th Frank, Lindsay, , | | owledge and I | belief it is true | e, correct and | d complete. | |
| Signature of Treasurer | Frank, Lin | udsay, , , | | [Electronically | y Filed] Da | ate 09 | / D D / 12 | 2018 |
| NOTE: Submission of fa | llse, erroneous | , or incomplete | information may s | ubject the pers | son signing thi | is Report to th | ne penalties of 5 | 2 U.S.C. § 30109 |
| Office Use Only | | | | | | | FEC FOI Rev. 05/ | |

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SUMMARY PAGE

| FEC Form 3X (Rev. 05/2016) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|--|--------------------------------------|---|
| Write or Type Committee Name | | |
| The Travelers Companies Inc. Poli | tical Action Committee (T-PAC) | |
| Report Covering the Period: From: | M / D D / Y Y Y Y 3 01 / 2018 To: | M M / D D / Y |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2018 | | 289978.74 |
| (b) Cash on Hand at Beginning of Reporting Period | 199109.92 | |
| (c) Total Receipts (from Line 19)(d) Subtotal (add Lines 6(b) and | 39225.28 | 303556.46 |
| 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 238335.20 | 593535.20 |
| 7. Total Disbursements (from Line 31) | 5250.00 | 360450.00 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 233085.20 | 233085.20 |
| Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Travelers Companies Inc. Political Action Committee (T-PAC)

| | COLUMN A | COLUMN B |
|--|-------------------|-----------------------|
| I. Receipts | Total This Period | Calendar Year-to-Date |
| . Contributions (other than loans) From: | · · · | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 00700.00 | |
| (i) Itemized (use Schedule A) | 36782.00 | 232102.01 |
| | 0440.00 | |
| (ii) Unitemized | 2443.28 | 66454.45 |
| (iii) TOTAL (add | 39225.28 | 298556.46 |
| Lines 11(a)(i) and (ii) | 39223.20 | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (b) Political Party Committees (c) Other Political Committees | 4 4 4 | 47. 47. 47. |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5) | 39225.28 | 298556.46 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | | |
| 3. All Loans Received | 0.00 | 0.00 |
| | , , , , | |
| . Loan Repayments Received | 0.00 | 0.00 |
| 5. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 5000.00 |
| 7. Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 3. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | 0.00 | |
| (from Schedule H3) | 0.00 | 0.00 |
| Г | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | 0.00 | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| | | |
|). Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 39225.28 | 303556.46 |
| _ | | |
|). Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 39225.28 | 303556.46 |

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 05/2016) | of Disbursements | Page 4 |
|---|-------------------------------|-----------------------------------|
| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Galenuar Tear-to-Date |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures | | 0.00 |
| (add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party | • 0.00 | |
| Committees Contributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 285500.00 |
| Independent Expenditures (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 |
| (52 U.S.C. § 30116(d)) (use Schedule F) | | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | | |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | • 0.00 | 0.00 |
| Other Disbursements (Including | | |
| Non-Federal Donations) | . 5250.00 | 74950.00 |
| Federal Election Activity (52 U.S.C. § 301 (a) Allocated Federal Election Activity (from Schedule H6) | 01(20)) | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share(b) Federal Election Activity Paid | 0.00 | 0.00 |
| Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | • 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | | 200.072.02 |
| | 5250.00 | 360450.00 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | ▶ 5250.00 | 360450.00 |

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
| | (from Line 11(d), page 3) |
| 34. | Total Contribution Refunds |
| | (from Line 28(d)) |
| 35. | Net Contributions (other than loans) |
| | (subtract Line 34 from Line 33) |
| 36. | Total Federal Operating Expenditures |
| | (add Line 21(a)(i) and Line 21(b)) |
| 37. | Offsets to Operating Expenditures |
| | (from Line 15, page 3) |
| 38. | Net Operating Expenditures |

(subtract Line 37 from Line 36)

| | | | | | | 39225.28 |
|------|---|-----|---|---|-----|----------|
| | | -7- | | | -7- | |
| | | | | | | 0.00 |
| | | | | | -7- | |
| | | | | | | 39225.28 |
| | 1 | 7 | 1 | | - 7 | 00220.20 |
| | | | | | | 0.00 |
| | | 7 | | 1 | -7 | 0.00 |
| | | | | | | 0.00 |
| 1.00 | | -7 | | | -7 | 0.00 |
| | | | | | | 0.00 |
| | | -7- | | | -7- | 0.00 |

| Г | | | | | 298556.46 |
|------|------|----|---|-------|-----------|
| | | 7 | 1 | 7 | |
| - E | | | | | 0.00 |
| | | -7 | | - | 0.00 |
| | | | | | 298556.46 |
| | | - | | 7 | 296550.40 |
| 10 | | | | | 0.00 |
| - L. | | 7 | | 7 | 0.00 |
| | | | | | |
| | | | | | 0.00 |
| - 6 | | | | | |
| | | | | | 0.00 |

Page 5

COLUMN B Calendar Year-to-Date

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

FOR LINE NUMBER:

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| | EIVITZED RECEIFIS | | | each calegory of the | X | 11a | |] 11b | , [| 11c | | 12 | |
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| | | | Deta | ailed Summary Page | | 13 | | 14 | | 15 | | 16 | 17 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big)$ | The Travelers Companies Inc. F | Political A | ction | Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Agrawal, Kamal, , , | ial) or Full O | organiza | tion Name | | Date of | Re | ceip | ot | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | D | 03 | / Y | |)18 | Y |
| | City | State CT | | code | | Trans | acti | ion I | ID : A | 2018-1 | 653 ⁻ | 115 | |
| | Hartford | | (| 06183 | | Amount | of | Eac | h Re | ceipt th | is P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | | - | | -y=- | _ | 20.0 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | (for Individual) Counsel | | Me | emo | lter | m | | | | |
| | Receipt For: | Aggregate | Year-to | -Date V | | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 300.00 | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initi Agrawal, Kamal, , , | ial) or Full O | Irganiza | tion Name | | Date of | Re | eceip | ot | | | | |
| | Mailing Address One Tower Square | | | | | M M 08 | / | D | D 17 | / Y | 20 | 18 | Y |
| | City | State | Zij | o Code | | Trans | acti | ion I | D : A | 2018-1 | 866(| 518 | |
| | Hartford | СТ | 0 | 6183 | | Amount | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | - | | - | _ | 20.0 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | (for Individual) Counsel | | Me | emo | ltei | m | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to | -Date ▼ 320.00 |] | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initi Allegue, Raul, R, , | ial) or Full O | Irganiza | tion Name | | Date of | Re | eceip | ot | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | D | 03 | / Y | |)18 | Y |
| | City | State | | o Code | | Trans | acti | ion l | ID : A | 2018-1 | 652 | 743 | |
| | Hartford | СТ | 0 | 6183 | | Amount | of | Eac | h Re | ceipt th | is P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | | y | _ | 55.1 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | (for Individual) elations | | M | emo | b Ite | m | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to | -Date ▼ 881.60 | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | ••••• | • | | | 9 | | y | _ | 95.1 | 0 |
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Form/Schedule: SA11AI Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: Transaction ID:

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

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| | | | Detailed Summary Page | × | 11a | | 11b | | 11c | 12 | |
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| | for commercial purposes, other than using the | | | | | | | | | | |
| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. F | Political A | ction Committee (T-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Allegue, Raul, R, , | tial) or Full C | rganization Name | [| Date of | f Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D 17 | | / Y | y y 2018 | Y |
| | City | State | Zip Code | | Trans | acti | on ID | : A2 | 018-18 | 66467 | |
| | Hartford | СТ | 06183 | A | Amount | t of | Each | Rece | eipt this | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | _ | -9 | 55.1 | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Gov't Relations | | M | emo | Item | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | _ | | | | | | | |
| | Primary General Other (specify) ▼ | | 936.70 |] | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Init Allegue, Raul, R, , | tial) or Full C | rganization Name | | Date of | f Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | 31 | | / Y | y y 2018 | Y |
| | City | State | Zip Code | | Trans | acti | on ID | : A2 | 018-19 | 08465 | |
| | Hartford | СТ | 06183 | ļ | | | | | | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | _ | | - | _ | - | 55.1 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Gov't Relations | | M | emo | Item | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) v | L | 991.80 | | | | | | | | |
| c. | Full Name of Individual (Last, First, Middle Init Armentano, Vincent, J, , | tial) or Full C | rganization Name | | Date of | f Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 03 | | / Y | 2018 Y | Y |
| | City | State CT | Zip Code | | | | | | | 52745 | |
| | Hartford | | 06183 | / | Amount | t of | Each | Rece | eipt this | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | _ | | , | _ | y | 121.1 | 5 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Claim Business Ins | | М | emo | Item | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | 33 - 3 | | . | | | | | | | |
| | Other (specify) | | 1938.40 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | , . | | 7 | 231.3 | 5 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| | | | Detailed Summary Page | × | 11a | | 11b | | 11c | 12 | |
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| \backslash | NAME OF COMMITTEE (In Full) | . | | | | | | | | | |
| \sum | The Travelers Companies Inc. F | Political A | ction Committee (T-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Armentano, Vincent, J, , | tial) or Full C | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | M M 08 | 1 | | D 17 | / Y | 2018 | Y |
| | City | State | Zip Code | | Trans | acti | ion IC |):A | 2018-18 | 866469 | |
| | Hartford | СТ | 06183 | A | Amount | t of | Each | Re | ceipt thi | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | _ | | - | | -7- | 121.1 | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Claim Business Ins | | M | emo | Item | ı | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Primary General | 00 0 | | 11 | | | | | | | |
| | Other (specify) v | | 2059.55 | 4 | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Init Armentano, Vincent, J, , | tial) or Full C | rganization Name | | Date of | ^r Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D | D 31 | / Y | 2018 | Y |
| | City | State | Zip Code | | Trans | acti | on ID |) : A | 2018-19 | 08466 | |
| | Hartford | СТ | 06183 | 4 | Amount | t of | Each | ı Re | ceipt thi | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | _ | | . | | | 121.1 | 15 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Claim Business Ins | | M | emo | Item | ı | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 2180.70 |] | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle Init Atkinson, Jerald, I, , | tial) or Full C | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | ^M 08 | 1 | | 03 | / Y | 2018 | Y |
| | City | State | Zip Code | | Trans | act | ion ID |): A | 2018-1 | 652687 | _ |
| | Hartford | СТ | 06183 | A | Amount | t of | Each | Re | ceipt thi | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | 9 | 35.0 | 00 |
| | Name of Employer (for Individual) | Occ | upation (for Individual) | | M | emc | lterr | ı | | | |
| | Travelers Indemnity Co | | UW Nat'l Property | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | | 1 | | | | | | | |
| | Other (specify) | L | 525.00 | 4 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | , | | 9 | 277.3 | 30 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| | EMIZED RECEIPTS | | Detailed Summary Page | × | - | | 11b | | 11c | | | — |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Atkinson, Jerald, I, , | l) or Full O | rganization Name | | Date o | f Re | eceipt | | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D 1 | | / Y | y 201 | Y 8 | Y |
| | City Hartford | State CT | Zip Code 06183 | | | | | | 2018-1 | | | |
| | Напиона | | 00183 | / | Amoun | t of | Each | Red | ceipt th | is Per | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | | -y | | -9- | | 35.0 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 2 UW Nat'l Property | | М | emo | ltem | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 560.00 |] | | | | | | | | |
| <u></u> В. | Full Name of Individual (Last, First, Middle Initia Atkinson, Lynda, K, , | l) or Full O | rganization Name | | Date o | f Re | eceipt | | | | | |
| | Mailing Address Ste 400 20860 N Tatum Blvd | | | | M M 08 | | D | D 3 | / Y | 2018 | | Y |
| | City | State | Zip Code | | Trans | acti | ion ID | - A | 2018-10 | 65269 | 4 | |
| | Phoenix | AZ | 85050 | | | | | | ceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | -j- | | -7- | | 61.1 | 5 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Construction | | М | emo | ltem | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 956.80 | 1 | | | | | | | | |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia Atkinson, Lynda, K, , | l) or Full O | rganization Name | | Date o | f Re | eceipt | | | | | |
| | Mailing Address Ste 400 20860 N Tatum Blvd | | | | M M 08 | / | D 1 | D 7 | / Y | 2018 | | Y |
| | City | State | Zip Code | | Trans | sacti | ion ID |): A | 2018-1 | 86641 | 9 | _ |
| | Phoenix | AZ | 85050 | / | Amoun | t of | Each | Red | ceipt th | is Per | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 9 | | 61.1 | 5 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Construction | | M | lemo | b Item | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) | | 1017.95 |] | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | , | | 9 | 1: | 57.30 | 0 |
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| | NAME OF COMMITTEE (In Full) | | uure | so or any pointed committee | : 10 5 | | 1 001 | uin | uli | | | SUCH | | | . |
| \rangle | The Travelers Companies Inc. Polit | tical A | cti | on Committee (T-PA | ۹C) | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) of Atkinson, Lynda, K, , | or Full Oi | rgai | nization Name | | Dat | te of | Re | ecei | ipt | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) | | | Me | emo | o Ite | em | | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | ur-to-Date ▼ 1079.10 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) of Baker, Rosalind, G, , | or Full Oi | rgai | nization Name | | Dat | te of | Re | ecei | ipt | | | | | |
| | Mailing Address 1301 E. Collins Boulevard | | | | | | 08 | / | Ľ | 03 | / | Y | y 201 | ү 18 | Y |
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| Mailing Address 1301 E. Collins Boulevard | 1 | | 08 / D D / Y Y Y Y Y 2018 |
| City Richardson | State TX | Zip Code 75081 | Transaction ID : A2018-1908467 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 9 Human Resources | Memo Item |
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| Mailing Address Suite 250 7450 Arroyo Crossing Pk | | | 08 / D D / Y Y Y Y 2018 |
| City Las Vegas | State NV | Zip Code 89113 | Transaction ID : A2018-1653020 |
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| Mailing Address Suite 250 7450 Arroyo Crossing Pk | | Zin Oode | 08 / D D / Y Y Y Y 2018 |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Balady, Michele, L, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
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| с. | Full Name of Individual (Last, First, Middle Initia Barrett, Judith, E, , | al) or Full O | rganization Name | | Date of | ^F Re | eceipt | | | |
| | Mailing Address 300 Windsor Street | | | | 08 | / | D 17 | | 2018 | Y |
| | City Hartford | State CT | Zip Code 06120 | | | | | A2018-1 Receipt th | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Barrett, Judith, E, , | al) or Full O | rganization Name | | Date of | Re | eceip | ot | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initia Beaudoin, Robert, , , | al) or Full O | rganization Name | | Date of | Re | eceip | ot | | | | | | | |
| | Mailing Address One Tower Square | 08 / D D / Y Y Y Y 08 03 / 2018 | | | | | | | | | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initia Beaudoin, Robert, , , | al) or Full O | rganization Name | | Date of | Re | eceip | ot | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Politi | cal Ac | tion Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Beebe, Scott, M, , | Full Orga | anization Name | [| Date of | Re | eceip | pt | | | | | |
| | Mailing Address Suite 530 343 Thornall | | | | 08 / D D / Y Y Y Y Y 2018 | | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial) or Beebe, Scott, M, , | ⁻ Full Orga | anization Name | | Date of | Re | eceip | pt | | | | | |
| | Mailing Address Suite 530 343 Thornall | | | | м м 08 | 1 | D | 17 | / Y | 2018 | Y | | |
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| с. | Full Name of Individual (Last, First, Middle Initial) or Beebe, Scott, M, , | Full Orga | anization Name | | Date of | Re | eceip | pt | | | | | |
| | Mailing Address Suite 530 343 Thornall | | | | м м 08 | 1 | | 31 | / Y | ү ү 2018 | Y | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | ctic | on Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Belden, Scott, C, , |) or Full O | Organi | zation Name | | Date of Receipt | | | | | | | | |
| | Mailing Address One Tower Square | State | | Zip Code | | 08 03 2018 Transaction ID : A2018-1652754 | | | | | | | | |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year | to-Date ▼ 2389.45 | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) Belden, Scott, C, , |) or Full O | rgani | zation Name | | Date o | f Re | ece | eipt | | | | | |
| | Mailing Address One Tower Square | | M M / D / Y | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) | | | | | | | | | | | |
| Full Name of Individual (Last, First, M Benet, Jay, S, , | iddle Initial) or Full O | rganization Name | | Date of Receipt | | | | | | | | | | |
| Mailing Address One Tower Square | | | | 08 / D D / Y Y Y Y 08 03 2018 | | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Chairman & CFO | | Me | emc | o Itei | m | | | | | | | |
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| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2893.47 |] | | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\underline{)}$ | The Travelers Companies Inc. Po | | | Υ. | 4C) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Bengston, Diane, D, , | l) or Full O | Organ | ization Name | | Date of | Re | ece | ipt | | | | | | | |
| | Mailing Address One Tower Square | | | | | 08 31 2018 | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | , | 375.00 | | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initia Berry, Lauren, C, , | l) or Full O | Organ | ization Name | | Date of | Re | ece | ipt | | | | | | | |
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| | Travelers Indemnity Co | | • | and Marine | | | | | | | | | | | | |
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| | COMMITTEE (In Full) | | | | | | | | | | | |
| The Tr | avelers Companies Inc. F | Political A | ction Committee (T-PA | AC) | | | | | | | | |
| | of Individual (Last, First, Middle Init , Andy, F, , | ial) or Full O | rganization Name | | Date of | Ree | ceipt | | | | | |
| Mailing Ad | dress One Tower Square | | | | M M / D D / Y | | | | | | | |
| City Hartford | | State CT | Zip Code 06183 | | | | | A2018-1 eceipt th | 652717 is Period | | | |
| | imber of contributing itical committee. | С | | | | | , , | | 230.7 | 7 | | |
| Travelers I | mployer (for Individual) ndemnity Co | | upation (for Individual) 9 and Chief Admin Officer | | Me | emo | Item | | | | | |
| Receipt Fo | | Aggregate | Year-to-Date ▼ 3692.32 |] | | | | | | | | |
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| | dress One Tower Square | | | | 08 / D D / Y Y Y Y 08 17 2018 | | | | | | | |
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| Othe | ary General r (specify) ▼ | | 3923.09 | | | | | | | | | |
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| Receipt Fo | | Aggregate | Year-to-Date ▼ 4153.86 |] | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Poli | tical Ac | tion Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Bobeng, Gregory, A, , Mailing Address Suite 400 | or Full Org | anization Name | Date of Receipt | | | | | | | | |
| | 11440 Carmel Commons Boulevar City | d State | Zip Code | 08 03 2018 Transaction ID : A2018-1652759 | | | | | | | | |
| | Charlotte | NC | 28226 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | 0 | | 25.00 | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | RVPC | ation (for Individual) Construction | Memo Item | | | | | | | | |
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| | Full Name of Individual (Last, First, Middle Initial) Bobeng, Gregory, A, , | or Full Org | anization Name | Date of Receipt | | | | | | | | |
| | Mailing Address Suite 400 11440 Carmel Commons Boulevar City | ⁻ d State | Zip Code | 08 / D D / Y Y Y Y Y 17 2018 | | | | | | | | |
| | Charlotte | NC | 28226 | Transaction ID : A2018-1866482 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | s a l | | | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | ation (for Individual) Construction | Memo Item | | | | | | | | |
| | Receipt For: Age Primary General Other (specify) ▼ | ggregate Ye | ear-to-Date ▼ 400.00 | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initial) Bowman, Brad, , , | or Full Org | anization Name | Date of Receipt | | | | | | | | |
| | Mailing Address One Tower Square | | | M M / D J Y | | | | | | | | |
| | City | State CT | Zip Code 06183 | Transaction ID : A2018-1652763 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | · · | ation (for Individual) ent Agribusiness | Memo Item | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | • | | | | | | | | | | |
| | The Travelers Companies Inc. F | Political A | ction Committee (I | -PA | (C) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Bowman, Brad, , , | tial) or Full O | rganization Name | | [| Date of | Re | ecei | pt | | | | | | |
| | Mailing Address One Tower Square | | | | 08 / D D / Y Y Y Y 2018 | | | | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Init Brown, Michael, A, , | tial) or Full O | rganization Name | | | Date of | Re | ecei | pt | | | | | | |
| | Mailing Address 4650 Westway Park Blvd | | 08 / D D / Y Y Y Y 2018 | | | | | | | | | | | | |
| | City | State | | Trans | acti | ion | ID : A | 2018-1 | 652764 | | | | | | |
| | Houston | ТХ | 77041 | | A | | | | | | nis Period | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | Occ Clai | | Me | emo |) Ite | em | | | | | | | | |
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| | Primary General Other (specify) v | | , 600.96 | | | | | | | | | | | | |
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| | Mailing Address 4650 Westway Park Blvd | | | | | м м 08 | / | | 17 | / Y | 2018 | Y | | | |
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| | Travelers Indemnity Co | | m Center VP | | | | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions be to solicit contributions from such committee. | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| ight angle The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) | | | | | | |
| Full Name of Individual (Last, First, Mid Brown, Michael, A, , | dle Initial) or Full O | rganization Name | Date of Receipt | | | | | | |
| Mailing Address 4650 Westway Park Blv | d | | 08 / D D / Y Y Y Y 2018 | | | | | | |
| City Houston | State TX | Zip Code 77041 | Transaction ID : A2018-1908472 Amount of Each Receipt this Period | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) m Center VP | Memo Item | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 677.88 | | | | | | | |
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| Mailing Address One Tower Square | | | 08 03 2018 | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Information Systems | Memo Item | | | | | | |
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| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 2018 | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866489 Amount of Each Receipt this Period | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | Action Committee (T-PA | νC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Brown, Urana, M, , | l) or Full O | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address One Tower Square | State | Zip Code | 08 31 2018 Transaction ID : A2018-1908473 | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) Information Systems | Memo Item | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1203.99 | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Bruce, Joshua, P, , | l) or Full O | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 385 Washington Street | | | 08 03 / Y Y Y Y Y 08 03 2018 | | | | | | | | |
| | City St. Paul | State MN | Zip Code 55102 | Transaction ID : A2018-1653076 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 29.81 | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) (ed Inc Quantitative Analyst | Memo Item | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 429.37 | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Bruce, Joshua, P, , | l) or Full O | Organization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 385 Washington Street | - | | 08 / D D / Y Y Y Y 08 17 2018 | | | | | | | | |
| | City St. Paul | State MN | Zip Code 55102 | Transaction ID : A2018-1866579 | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | \cti | on Committee (T-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Bruce, Joshua, P, , | or Full O | rga | nization Name | | Date | of Re | ecei | pt | | | |
| | Mailing Address 385 Washington Street | 01.1 | | | | ^M 08 | | L | 31 | / Y | 2018 | Y |
| | City St. Paul | State MN | | Zip Code 55102 | | | | | | | 908604 | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) nc Quantitative Analyst | | | Memo | o Ite | əm | | | |
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| B. | Full Name of Individual (Last, First, Middle Initial) Cafazza, John, A, , | or Full O | Irga | nization Name | | Date | of Re | ecei | pt | | | |
| | Mailing Address Suite 270 940 West Port Plaza | | | 7. 0.1 | | [™] 08 | | | 03 | / Y | y y 2018 | Ŷ |
| | City St. Louis | StateZip CodeMO63146 | | | | | | | | | 652719 his Period | d |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) ing Director Construct | | | Memo | o Ite | əm | | | |
| | Receipt For: µ Primary General Other (specify) ▼ | Aggregate | Yea | ar-to-Date ▼ 469.28 | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initial) Cafazza, John, A, , | or Full O | Irga | nization Name | | Date | of Re | ecei | pt | | | |
| | Mailing Address Suite 270 940 West Port Plaza | | | | | ^M 08 | | L | D D D 17 | ΙL | у у 2018 | Y |
| | City St. Louis | State MO | | Zip Code 63146 | | | | | | | 1866443 his Period | 4 |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | cti | on Committee (T-PA | ۹C) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Cafazza, John, A, , Mailing Address Suite 270 940 West Port Plaza City | or Full O State | rgar | nization Name Zip Code | | M (| 08 | | | D 3 | 1 | / Y 2018-1 | 20 | 018 455 | Y |
| | St. Louis | MO | | 63146 | | Am | oun | t of | Е | ach | Re | ceipt th | nis P | eriod | |
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| | Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | Man | nagir | tion (for Individual) ng Director Construct ur-to-Date ▼ 527.94 |] | | M | emo | o I | Item | | | | | |
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| | Mailing Address One Tower Square | | | | ™ 08 | / | | D 0 | | / Y | |)18 | Y | | |
| | City Hartford | State CT | | | | | | | | 2018-1 ceipt th | | - | | | |
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| | Mailing Address One Tower Square | 1 | | | | | 08 ^M | / | I | D 1 | D 7 | / Y | |)18 [°] | Y |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politi | ical A | ٩ct | ion Committee (T-P | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Campbell, Laura, J, , | r Full C | Drga | anization Name | | | ate of | Re | | · | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial) or Campbell, Laura, J, , | r Full C | Drga | anization Name | | Da | ate of | Re | ece | ipt | | | | |
| | Mailing Address One Tower Square | | | | | N | 08 | / | Γ | D [| | / Y | y y 2018 | Y |
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| с. | Full Name of Individual (Last, First, Middle Initial) or Campbell, Laura, J, , | r Full C | Drga | anization Name | | Da | ate of | Re | ece | ipt | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | 141 - 1 A | | | | | | | | | | | | | |
| \sum | The Travelers Companies Inc. Pol | itical A | ۱Ct | | PAC) | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Carpenter, Pamela, R, , | or Full C | Drga | nization Name | | Da | ate of | Re | ecei | ipt | | | | | |
| | Mailing Address One Tower Square | | | | | L | 08 | / | L | 03 | | / Y | 20 | 18 | Y |
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| | Other (specify) ▼ | | - | 969.28 | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initial) Carpenter, Pamela, R, , | or Full C | Drga | nization Name | | Da | ate of | Re | ecei | ipt | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | \Cti | on Committee (1-PA | 4C) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Carr, Daniel, G, , | al) or Full O | Orgai | nization Name | 1 | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | | M M 08 | / | |)3 | / Y | y y 2018 | Y |
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| B. | Full Name of Individual (Last, First, Middle Initia Carr, Daniel, G, , | al) or Full O | Orgai | nization Name | 1 | Date of | Re | ceipt | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big)$ | The Travelers Companies Inc. P | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Carroll, Kathryn, A, , | al) or Full O | Orgar | nization Name | | Date of | Re | ecei | pt | | | | |
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| В. | Full Name of Individual (Last, First, Middle Initi Carroll, Kathryn, A, , | al) or Full O | Drgar | nization Name | | Date of | Re | ecei | pt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | | 17 | / Y | |)18 | Y |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pc | olitical A | Action Committee (T-PA | νC) |
| Α. | Full Name of Individual (Last, First, Middle Initial Carroll, Wayne, R, , |) or Full C | Organization Name | Date of Receipt |
| | Mailing Address One Tower Square | State | Zip Code | 08 / 03 / 2018 |
| | Hartford | CT | 06183 | Transaction ID : A2018-1652775 Amount of Each Receipt this Period |
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| $\overline{\}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Chapman, Kenneth, S, , | al) or Full O | rganization Name | | Date of | Bec | eint | | | | |
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| | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| > The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mi | ddle Initial) or Full O | rganization Name | |
| A. Checkosky, Robert, T, , | | | Date of Receipt |
| Mailing Address Suite 180 6060 S Willow Drive | | | 08 03 2018 |
| City | State | Zip Code | Transaction ID : A2018-1652779 |
| Greenwood Village | CO | 80111 | Amount of Each Receipt this Period |
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| Full Name of Individual (Last, First, Mi | ddle Initial) or Full O | rganization Name | |
| B. Checkosky, Robert, T, , Mailing Address Suite 180 | | | Date of Receipt |
| 6060 S Willow Drive | | | 08 17 2018 |
| City | State | Zip Code | Transaction ID : A2018-1866502 |
| Greenwood Village | СО | 80111 | Amount of Each Receipt this Period |
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| Full Name of Individual (Last, First, Mi c. Checkosky, Robert, T, , | ddle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address Suite 180 | | | |
| 6060 S Willow Drive | State | Zip Code | 08 31 2018 Transaction ID : A2018-1908480 |
| Greenwood Village | CO | 80111 | Amount of Each Receipt this Period |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | ction Committe | ee (T-PA | C) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Cheshier, Carrie, H, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 100 | | | | | M M | | D D | / Y | Y | Y Y | - |
| | 1000 Windward Concourse | | | | | 08 | Ľ. | 03 | | 2018 | | |
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| B. | Cheshier, Carrie, H, , | | Iganization Name | | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 100 1000 Windward Concourse | | | | | м м 08 | 1 | D D D 17 | / Y | 2018 | | 1 |
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| Any information copied from such Reports and Statements may not be sold or used by any person for the purposed is soliciting contributions from such committee. Image: Commercial purposed, 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 Date of Receipt A. Clough, Dale, M, , Mailing Address 401 Lennon Lane Ste 100 Date of Receipt City State Zip Code Yean of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1866505 Amount of Each Receipt This Period C 23.08 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mermo Item Mailing Address 401 Lennon Lane Ste 100 Occupation (for Individual) Mermo Item Travelers Indemnity Co Receipt For: Aggregate Year-to-Date V Mermo Item Prinary General C C C C Other (specify) V State Zip Code Transaction ID : A2018-1908481 Amount of Each Receipt This Period City Grad State Zip Code Transaction ID : A2018-1908481 Amount of Each Receipt This Period <t< th=""><th></th><th></th><th></th><th></th><th>for each category of the Detailed Summary Page</th><th></th><th>X 11a</th><th></th><th>11</th><th>1b 4</th><th>11c</th><th>12</th><th>17</th></t<> | | | | | for each category of the Detailed Summary Page | | X 11a | | 11 | 1b 4 | 11c | 12 | 17 | |
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| A. | Full Name of Individual (Last, First, Middle Initia Corder, Perry, R, , | l) or Full O | rganization Name | | | Date of | Re | ceipt | | | | |
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| | Mailing Address Suite 400 7465 West 132nd Street | | | | | 08 | / | 03 | / Y | 2018 | | 1 |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | ctio | on Committee (T-PA | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Costa, James, J, , | l) or Full O | rgar | ization Name | | Date o | f Re | ece | eipt | | | | | | | |
| | Mailing Address Suite 400 7465 West 132nd Street City | State | | Zip Code | | 08 17 2018 Transaction ID : A2018-1866450 | | | | | | | | | | |
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| | Mailing Address One Tower Square | | | | M M / D D / Y | | | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies II | nc. Political A | ction Committee (T-F | PAC) | | | | | | | | | |
| Full Name of Individual (Last, First, Mide A. Crichton, Peter, A, , | lle Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies In | c. Political A | ction Committee (T-P | PAC) | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| $\Big)$ | The Travelers Companies Inc. F | Political A | \cti | on Committee (T-P/ | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Cruz, Alexia, E, , | tial) or Full O |)rga | nization Name | | Date of | f Re | ece | eipt | | | | | | |
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| v not be sold or used by any perdicess of any political committee ction Committee (T-PA) ganization Name Zip Code 11747 pation (for Individual) | Date of Receipt Mark / D / Y | | | | | | | | | |
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| $\Big $ | The Travelers Companies Inc. F | Political A | ction Committee (T-PA | AC) | | | | | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Polit | ical A | ١ct | ion Committee (T-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) o Devine, William, K, , Mailing Address One Tower Square | r Full C |)rga | nization Name | | | e of | Re | _ | · | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial) o Dhanagar, Jaya Kumar, , , | r Full C | Drga | anization Name | | Dat | e of | Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | | | | | | | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddre | ess of any political committee | e to sol | icit cor | ntrib | outio | ons fro | m sucl | n co | mmitt | e. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. I | Political A | Cti | on Committee (T-P/ | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Dhanagar, Jaya Kumar, , , | tial) or Full O | rgar | nization Name | | Date of | Re | eceip | pt | | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | D | 31 | / Y | Y 2(| ү 018 | Y | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) Systems Director | | M | emo | b Ite | em | | | | | | | |
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| | Primary General | | | | 11 | | | | | | | | | | | |
| | Other (specify) v | | -9- | 544.15 | 4 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Ini Dimauro, Joseph, S, , | tial) or Full O | rgar | nization Name | | Date of | Re | eceip | pt | | | | | | | |
| | Mailing Address 335 Research Court | | | | | м м 08 | / | D | 03 | / Y | Y 20 |)18 | Y | | | |
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| | Norcross | GA | | 30092 | A | mount | of | Eac | ch Re | ceipt th | is F | eriod | | | | |
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| | | | person for the purpose of soliciting contributions be to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| angle The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) | | | | | | | | | |
| Full Name of Individual (Last, First, M | ddle Initial) or Full O | rganization Name | | | | | | | | | | |
| A. Dinshaw, Behram, M, , | | | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | 08 03 2018 | | | | | | | | | |
| City | State | Zip Code | Transaction ID : A2018-1652730 | | | | | | | | | |
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| Primary General | | 1384.64 | | | | | | | | | | |
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| Mailing Address One Tower Square | | | 08 17 / Y Y Y Y 08 2018 | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 2 & Pres Small Commercial | Memo Item | | | | | | | | | |
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| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 08 31 2018 | | | | | | | | | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | | | | | | | | | | |
| | | | 13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies II | nc. Political A | ction Committee (T-P | AC) | | | | | | | | | | |
| Full Name of Individual (Last, First, Mide A. Dube, Lori, A, , | lle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | | |
| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y Y 08 03 2018 | | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) cutive Counsel | Memo Item | | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) ecutive Counsel | Memo Item | | | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | ction (| Committee (T-P | ۹C) | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Dyson, Raymond, I, , | al) or Full O | rganizatio | n Name | | Date of | Re | ecei | ipt | | | | | | | | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | ✗ 11a 11b 11c 12 13 14 15 16 17 |
| | | | person for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) The Travelers Companies Ir | nc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mido Ebersole, Jodi, K, , | lle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 03 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1652713 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Grp Gen Counsel-Corp | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 402.72 | |
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| Mailing Address One Tower Square | Otata | Zin Oode | 08 / D D / Y Y Y Y 2018 |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Grp Gen Counsel-Corp | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 429.16 | |
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| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908453 Amount of Each Receipt this Period |
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| angle The Travelers Companies I | nc. Political A | ction Committee (I-P | AC) |
| Full Name of Individual (Last, First, Mid | dle Initial) or Full O | rganization Name | |
| A. Eckert, Karen, M, , | | | Date of Receipt |
| Mailing Address 300 Windsor Street | | | 08 03 2018 |
| City | State | Zip Code | Transaction ID : A2018-1653090 |
| Hartford | СТ | 06120 | Amount of Each Receipt this Period |
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| federal political committee. | 0 | | |
| Name of Employer (for Individual) | | upation (for Individual) | Memo Item |
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| Mailing Address 300 Windsor Street | | | M M / D D / Y |
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| Mailing Address One Tower Square | | | 08 03 2018 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | | | | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Eddy, Paul, H, , | al) or Full O | Organiz | ation Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | | D D 17 | 1 | | y y 2018 | Y |
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| | Receipt For: | Aggregate | | • | \neg | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 2029.32 | | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | n (for Individual) oup GC International | | M | emo | o It | tem | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initi- Erredge, James, J, , | al) or Full O | rganiz | ation Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address 385 Washington Street | | | | | 08 | / | | 03 | / | | 2018 | Ŷ |
| | City | State | | ip Code | | Trans | acti | ior | n ID : | A201 | 8-165 | 2685 | |
| | St. Paul | MN | | 55102 | / | Amount | of | Ea | ach Re | eceipt | this | Period | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politic | al A | \cti | on Comm | nittee (T-P | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or F Erredge, James, J, , Mailing Address 385 Washington Street | | Drgar | Zip Code | 9 | | [| ate of M M 08 | / | | D | 17 | | / Y 2018-1 | 20 |)18 | Ŷ |
| | St. Paul MN | | | 55102 | | | | | | - | | | | eipt th | | - | |
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| в. | Full Name of Individual (Last, First, Middle Initial) or F Falvey, Claudia, F, , | Full O | Drgar | nization Name | 9 | | D | ate of | f Re | ece | eip | t | | | | | |
| | Mailing Address 1105 Berkshire Boulevard | - | | | | | Ľ | 08 | / | | D | 03 | | / Y | 20 ² | 18 18 | Y |
| | City Stat Wyomissing PA | | | Zip Code 19610 | | | | | | | | | | 2018-16 eipt th | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Indivion | idual) | | ļ | M | emc | o I | ltei | n | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initial) or F Falvey, Claudia, F, , | Full O | Drgar | nization Name | e | | D | ate of | f Re | ece | eip | ot | | | | | |
| | Mailing Address 1105 Berkshire Boulevard | | | | | | Γ | 08 ^M | 1 | I | D | D 17 | | / Y | 20 ² | 18 [°] | Y |
| | City Stat Wyomissing PA | | | Zip Code 19610 | | | | | | | | | | 2018-1 | | | |
| | FEC ID number of contributing federal political committee. | | | | | | | noun | | 5 | ac | | ec | eipt th | SPE | 39.4 | 12 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Indivi nstruction | dual) | | | М | emo | o I | Ite | m | | | | | |
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| | | | y not be sold or used by any p Idress of any political committee | | for the | purp | ose of | | | |
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| | . , | olitical Ac | ction Committee (T-P/ | AC) | | | | | | |
| Full Name of Individu A. Falvey, Claudia, F | al (Last, First, Middle Initial |) or Full Org | ganization Name | | Date of | Rec | ceipt | | | |
| Mailing Address 110 | 5 Berkshire Boulevard | | | | м м 08 | / | D D D 31 | / Y | y y 2018 | Y |
| City Wyomissing | | State PA | Zip Code 19610 | | | | | A2018-19 eceipt thi | 908489 is Period | |
| FEC ID number of configuration federal political comm | 0 | С | | | | | y | T- | 39.4 | 12 |
| Name of Employer (f Travelers Indemnity C | , | | pation (for Individual) Construction | | Me | emo | Item | | | |
| Receipt For: Primary Other (specify) | General | Aggregate Y | Year-to-Date ▼ 709.56 | | | | | | | |
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| B. Fancher, Jeffrey | |) or Full Org | ganization Name | | Date of | Red | ceipt | | | |
| Mailing Address 280 | E 96th Street | Chata | Zin Oode | | 08 | / | 03 | / Y | 2018 | Y |
| City Indianapolis | | State IN | Zip Code 46240 | | | | | A2018-16 | 652701 is Period | |
| FEC ID number of co federal political comm | 0 | С | | | | | | | 30.7 | 77 |
| Name of Employer (f Travelers Indemnity C | | | pation (for Individual) Quality Management | | Me | emo | Item | | | |
| Receipt For: | | Aggregate Y | Year-to-Date ▼ | | | | | | | |
| Other (specify) | General ▼ | | 485.12 |] | | | | | | |
| Full Name of Individu | al (Last, First, Middle Initial $\mathbf{y}, \mathbf{A}, ,$ |) or Full Orç | ganization Name | | Date of | Rec | ceipt | | | |
| Mailing Address 280 | E 96th Street | 1 | | | 08 | / | D D 17 | / Y | 2018 | Y |
| City Indianapolis | | State IN | Zip Code 46240 | | | | | A2018-1 | 866426 is Period | |
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| Name of Employer (f | | | pation (for Individual) Quality Management | | Me | emo | ltem | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | | for the | | pose | | oliciting | contrib | utions |
| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. | Political A | Action Committee (T-F | PAC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Fancher, Jeffrey, A, , Mailing Address 280 E 96th Street | itial) or Full C | Organization Name | | Date of | Re | D | D | / Y | YY | Ŷ |
| | | State | Zip Code | | 08 | ١. | | 31 | | 2018 | |
| | City Indianapolis | IN | 46240 | | | | - | | | 908448 is Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | linount | 0 | 1 | | | |).77 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Quality Management | | Me | emo | lterr | ו | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 546.66 | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle In Ferren, William, J, , | itial) or Full C | Organization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 301 10 Sentry Parkway | | | | м м 08 | / | | D 03 | / Y | 2018 | Ŷ |
| | City Blue Bell | State PA | Zip Code 19422 | | | | | | 2018-1 ceipt th | 6 52812 is Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | -y- | 34 | 1.23 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) naging Counsel Claim | | Me | emo | Item | ı | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 547.68 | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle In Ferren, William, J, , | itial) or Full C | Organization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 301 10 Sentry Parkway | | | | 08 ^M | / | | р 17 | / Y | 2018 | Ŷ |
| | City Blue Bell | State PA | Zip Code 19422 | | | | | | | 866534 is Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | , | | 1.23 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) naging Counsel Claim | | M | emo | lten | ı | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 581.91 | | | | | | | | |
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| | y information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Polit | tical A | cti | on Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) of Ferren, William, J, , | or Full O | rgar | nization Name | | ate of | Re | ece | eipt | | | | |
| | | State | | Zip Code | | 08 Trans | / acti | ior | 31 n ID : | | / Y | 2018 908490 | Ŷ |
| | Blue Bell FEC ID number of contributing federal political committee. | | | 19422 | A | mount | of | Ea | ach f | Red | ceipt th | is Period 34. | 23 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) ng Counsel Claim | | Me | emo | o It | tem | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | r-to-Date ▼ 616.14 | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial) of Francesca, Samantha, M, , | or Full O | rgar | ization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | M M 08 | 1 | l | D 03 | - 1 | / Y | y y 2018 | Y |
| | 5 | State CT | | Zip Code 06183 | | | | | | | | 6 52815 is Period | |
| | FEC ID number of contributing federal political committee. | | | | | | | , | | | - | 14.: | 34 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) Systems Director | | Me | emo | o It | tem | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | r-to-Date ▼ 227.34 | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) o Francesca, Samantha, M, , | or Full O | rgar | ization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | ^M 08 | / | I | D 17 | | / Y | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | Sr Ir | nfo S | ion (for Individual) systems Director | | M | emo | o li | tem | | | | |
| | Primary General Ag Other (specify) | igregate | Yea | r-to-Date ▼ 241.68 | | | | | | | | | |
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| | | | 13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mid Francesca, Samantha, M, , | ldle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 31 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908492 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | Sr lı | upation (for Individual) nfo Systems Director Year-to-Date ▼ | Memo Item |
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| Full Name of Individual (Last, First, Mic B. French, David, M, , | Idle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | M M / D D / Y |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Finance-Small Commercial | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1247.60 |] |
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| Mailing Address One Tower Square | | | M M / D D / Y Y Y Y 08 17 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866536 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | VP F | upation (for Individual) Finance-Small Commercial | Memo Item |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia French, David, M, , Mailing Address One Tower Square | l) or Full O |)rgai | nization Name | _ | Date o | | | ipt □ □ □ | | Y Y | Ý | Y |
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| в. | Full Name of Individual (Last, First, Middle Initia Fuller, Stephen, A, , | l) or Full O |)rgai | nization Name | | Date o | f Re | ecei | ipt | | | | |
| | Mailing Address Suite 1180 700 13th Street NW | | | | | м м 08 | / | ľ | 03 | | |) 18 | Y |
| | City Washington | State DC | | Zip Code 20005 | | Trans Amoun | | | | 2018- | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) External Affairs | | М | emo | o Ite | em | | | | |
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| | Mailing Address Suite 1180 700 13th Street NW | 1 | | 1 | | M M 08 | / | C | D D 17 | | | 018 [°] | Y |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politic | al Action (| Committee (T-PA | AC) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or I Fuller, Stephen, A, , | Full Organizatio | on Name | [| Date of | f Re | ceipt | | | |
| | Mailing Address Suite 1180 700 13th Street NW City Sta | o Zin | Code | | 08 T | | 31 | J L | 2018 | Ý |
| | Washington DC | | 005 | | | | | | 1908619 his Period | 4 |
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| | Name of Employer (for Individual) Travelers Indemnity Co | Occupation (f | , | | M | emo | Item | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial) or I Gage, Marlyss, J, , | Full Organizatio | on Name | | Date of | f Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | 03 | / Y | y y 2018 | Y |
| | City Sta Hartford CT | | Code 183 | / | | | | | 652816 nis Period | t |
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| | Name of Employer (for Individual) Travelers Indemnity Co | Occupation (i EVP & Enter | , | | М | emo | Item | | | |
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| or | for commercial purposes, other than using the | e name and a | addre | ss of any political committee | e to sol | icit cor | ntrib | ution | is fro | m such | 1 CO | mmitte | эе. |
| | NAME OF COMMITTEE (In Full) | | | _ | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. | Political A | Actic | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Garten, Cynthia, M, , | itial) or Full O | Organi | ization Name | | Date of | Re | ceipt | t | | | | |
| | Mailing Address One Tower Square | | | | | M M 08 | / | | 03 | / Y | Y 20 |) 18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | on (for Individual) Personal Insurance | | M | emo | lten | n | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | ction Commit | tee (T-PA | C) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Gee, Patrick, C, , | ll) or Full O | rganization Name | | D | ate of | Re | ceipt | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | 03 | 3 | / Y | 20 | | Y |
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| В. | Full Name of Individual (Last, First, Middle Initia Gee, Patrick, C, , | l) or Full O | rganization Name | | | ate of | Re | ceipt | | | | | |
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| С. | Full Name of Individual (Last, First, Middle Initia Gee, Patrick, C, , | l) or Full O | rganization Name | | D | ate of | Re | ceipt | | | | | |
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| Any information copied from such Reports and Statements may not be solid 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. Gervino, Elena, M, . Mailing Address One Tower Square City Hartford FEC ID number of contributing tederal political committee. Name of Employer (for Individual) Travelers Indemnity Co Primary General Other (specify) ▼ Address One Tower Square City Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pail Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Giannone, Anthony, J, . Mailing Address One Tower Square City City State Zip Code Transaction ID : A2018-1652826 Mailing Address One Tower Square City Aggregate Year-to-Date ▼ Bate of Receipt Mailing Address One Tower Squ | | | | | Detailed Summary Page | × | 11a | | 1 | 1b | | 11c | 12 | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | ctic | on Committee (T-PA | AC) | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Giannone, Anthony, J, , |) or Full O | Organ | ization Name | | Date of | Re | ece | eipt | | | | | |
| | Mailing Address One Tower Square | | | | | 08 | 1 | I | D D 31 | | / Y | ү 201 | 8 8 | ſ |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | | on (for Individual) national Practice | | M | emo | o It | em | | | | | |
| | Receipt For: | Aggregate | Year | -to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 1458.18 | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial Gibbons, Myles, P, , |) or Full O | rgan | ization Name | | Date of | Re | ece | eipt | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | ſ | 03 | 1 | / Y | 2018 | | |
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| | Mailing Address One Tower Square | 1 | | | | 08 ^M | / | I | D D 17 | | | 2018 | 8 | |
| | City Hartford | State CT | | Zip Code 06183 | | | | | | | 018-18 | | | |
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| The Travelers Com | panies Inc. Political A | Action Committee (T-PA | AC) | | | | | | | |
| Full Name of Individual (Las Gibbons, Myles, P, , | t, First, Middle Initial) or Full C | Organization Name | | Date of | Re | ceipt | | | | |
| Mailing Address One Tower | Square | | | м м 08 | 1 | D D D 31 | / Y | ү 2(|) 18 | Y |
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| Primary Gene | | | 11. | | | | | | | |
| Other (specify) | | 1348.56 | | | | | | | | |
| Full Name of Individual (Las B. Gifford, Bruce, R, , | t, First, Middle Initial) or Full C | Organization Name | | Date of | Re | ceipt | | | | |
| Mailing Address One Tower | Square | | | м м 08 | / | 03 | / Y | ү 20 |)18 | Y |
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| Other (specify) ▼ | eral | , 375.00 | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | ol Antion Committee (T.D. | |
| | The Travelers Companies Inc. Politic | a Action Committee (1-PA | 40) |
| A. | Full Name of Individual (Last, First, Middle Initial) or Goldberg, Jeff, C, , | Full Organization Name | Date of Receipt |
| | Mailing Address Suite 800 | | M = M / D = D / Y = Y = Y |
| | 161 N Clark Street | Zie Oode | 08 03 2018 |
| | City Sta Chicago IL | te Zip Code 60601 | Transaction ID : A2018-1652831 |
| | | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 28.40 |
| | Name of Employer (for Individual) | Occupation (for Individual) | Memo Item |
| | Travelers Indemnity Co | Sr Counsel Claim | |
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| | Primary General | 447.65 | 1 |
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| В. | Full Name of Individual (Last, First, Middle Initial) or Goldberg, Jeff, C, , | Full Organization Name | Date of Receipt |
| - | Mailing Address Suite 800 161 N Clark Street | | 08 17 2018 |
| | City Sta | te Zip Code | |
| | Chicago IL | 60601 | Transaction ID : A2018-1866553 Amount of Each Receipt this Period |
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| | federal political committee. | | |
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| С. | Full Name of Individual (Last, First, Middle Initial) or Goldberg, Jeff, C, , | Full Organization Name | Date of Receipt |
| | Mailing Address Suite 800 | | |
| | 161 N Clark Street | | 08 31 2018 |
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| | IAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pol | litical A | Action Committee (T-PA | C) | | | | | | | | | |
| A | ull Name of Individual (Last, First, Middle Initial) Golden, Robert, S, , failing Address Suite 400 | or Full C | Organization Name | | M | M | Re | _ | D D | 1 | Y | YY | Ý |
| | 6150 Oak Tree Blvd | State | Zip Code | _ | |)8 ans | acti | ion | 03 I D: | A20 | 18-16 | 2018 52832 | |
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| Т | | Mar | upation (for Individual) naging Director Nat'l Accts Year-to-Date ▼ | _ | | Me | emo | o Ite | em | | | | |
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| B | ull Name of Individual (Last, First, Middle Initial) Golden, Robert, S, , failing Address Suite 400 | or Full C | Organization Name | _ | | e of | Re | _ | ipt | / | Y | Y Y | Y |
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| С | ull Name of Individual (Last, First, Middle Initial) Golden, Robert, S, , | or Full C | Organization Name | | Dat | e of | Re | ecei | ipt | | | | |
| ō | Aailing Address Suite 400 6150 Oak Tree Blvd Dity Independence | State OH | Zip Code 44131 | | Tr | | | ion | | A20 | 18-19 | 2018 908499 s Perio | |
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| | The Travelers Companies Inc. Po | Diitical A | ction Committee (1-P | AC) | | | | | | | |
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| N | Aailing Address One Tower Square | | | | 08 | 1 | D D D 03 | / Y | ү 20 |) 18 | Y |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. P | olitical A | ction Committee (1-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Griffard, Julie, , , | al) or Full O | rganization Name | | Date of | Re | ceip | t | | | |
| | Mailing Address Suite 270 | | | 11 | M M | / | D | D | / Y | YY | Y |
| | 940 West Port Plaza | | | | 08 | ι. | | 17 | | 2018 | |
| | City St. Louis | State MO | Zip Code 63146 | - | | | | | 2018-1 | | |
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| | Mailing Address Suite 270 940 West Port Plaza | | | | м м 08 | / | | 31 | / Y | 2018 | Y |
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| | Walnut Creek | CA | 94598 | A | mount | t of | Eacl | h Reo | ceipt th | is Period | |
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| | Travelers Indemnity Co | | lle Market VP | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) | | | | | | |
| Full Name of Individual (Last, First, Mic Griffiths, Edward, , , | ddle Initial) or Full O | rganization Name | D | ate of | Re | ceipt | | | |
| Mailing Address 401 Lennon Lane Ste 1 | 100 | | | 08 | / | D 17 |) / Y | Y Y 2018 | Y |
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| Mailing Address Suite 250 13935 Bishops Drive | | | - L | 08 ^M | / | 03 | J L | ү 2018 | Y |
| City Brookfield | State WI | Zip Code 53005 | | | | - | A2018-1 Receipt th | 652838 iis Period | |
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| ITEWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | 13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) The Travelers Companies Ind | c. Political A | Action Committee (T-P | AC) |
| Full Name of Individual (Last, First, Middle A. Griner, John, A, , IV Mailing Address Suite 250 13935 Bishops Drive City Brookfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Receipt For: | State WI C Occ Sr C | Drganization Name Zip Code 53005 upation (for Individual) Counsel Claim Year-to-Date ▼ | Date of Receipt 08 / 17 / 2018 Transaction ID : A2018-1866633 Amount of Each Receipt this Period 29.21 Memo Item |
| Other (specify) | | 490.80 |] |
| Full Name of Individual (Last, First, Middle B. Griner, John, A, , IV Mailing Address Suite 250 13935 Bishops Drive City Brookfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | State WI C Occ Sr (| Zip Code 53005 Upation (for Individual) Counsel Claim Year-to-Date V 520.01 | Date of Receipt |
| Full Name of Individual (Last, First, Middle Hamm, Scott, T, , Mailing Address 485 Lexington Avenue City New York City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) | State NY C Occ Nati | Zip Code 10017-2630 upation (for Individual) onal Accounts VP Year-to-Date ▼ 1074.56 | Date of Receipt 08 / 03 / 2018 Transaction ID : A2018-1652840 Amount of Each Receipt this Period 68.51 Memo Item |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politica | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) or F Hamm, Scott, T, , | ull Orga | anization Name | | Date of | Re | eceip | pt | | | | |
| | Mailing Address 485 Lexington Avenue | | | | м м 08 | / | | 17 | / Y | 2018 | 1.0 | |
| | City State New York City NY | e | Zip Code 10017-2630 | | | | | | 2018-1 ceipt th | | | |
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| | Receipt For: Aggre Primary General Other (specify) ▼ | egate Ye | aar-to-Date ▼ 1143.07 | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) or F Hamm, Scott, T, , | ⁻ ull Orga | anization Name | | Date of | Re | eceip | pt | | | | |
| | Mailing Address 485 Lexington Avenue | | | | м м 08 | 1 | D | 31 | / Y | 2018 | Y Y | |
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| | Receipt For: Aggre Primary General Other (specify) ▼ | egate Ye | ear-to-Date ▼ 1211.58 | | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle Initial) or F Hansen, Victoria, L, , | ull Orga | anization Name | | Date of | Re | eceip | pt | | | | |
| | Mailing Address One Tower Square | | | | 08 ^M | 1 | D | 03 | / Y | 2018 | | |
| | City State Hartford CT | | Zip Code 06183 | | | | | | 2018-1 ceipt th | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | ation (for Individual) ject Director | | Me | emo | o Ite | em | | | | |
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| | The Travelers Companies Inc. Po | | | , | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Hansen, Victoria, L, , | l) or Full O | Drgar | ization Name | | Date of | Re | ece | eipt | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) ect Director | | Me | emo | b l' | tem | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) ect Director | | Me | emo | b l' | tem | | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initia Harris, Douglas, W, , | l) or Full O | Orgar | ization Name | | Date of | Re | ece | eipt | | | | | | |
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| | | | 13 14 15 16 1 person for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| angle The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) | | | | | | | | | |
| Full Name of Individual (Last, First, Mide A. Harris, Douglas, W, , | dle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Claim Prod Dev&Strat | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 605.93 | 1 | | | | | | | | | |
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| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908504 Amount of Each Receipt this Period | | | | | | | | | |
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| Full Name of Individual (Last, First, Mide Harris, James, A, , | dle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Assumed Re Claims | Memo Item | | | | | | | | | |
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| NAME OF COMMITTEE (I) The Travelers Cor | | olitical A | cti | on Committee (T-I | PAC) | | | | | | | | | | | | |
| | npaniee nier i | | | | ,, | | | | | | | | | | | | |
| Full Name of Individual (La Harris, James, A, , | ast, First, Middle Initia | al) or Full O | rgai | nization Name | | Date | e of | Re | ece | eipt | | | | | | | |
| Mailing Address One Towe | er Square | | | | | | 8 8 | / | l | D 17 | | / Y | |)18 | Y | | |
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| Full Name of Individual (La C. Hart, Christopher , , | | al) or Full O | rga | nization Name | | Date | e of | Re | ece | eipt | | | | | | | |
| Mailing Address 75 Town | | | | | | | ™ 8 | / | ľ | 03 | | / Y | | 18 | Y | | |
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| | NAME OF COMMITTEE (In Full) | | _ | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Hart, Christopher, , , | l) or Full O | orgai | nization Name | | Date of | f Re | ece | eipt | | | | | |
| | Mailing Address 75 Town Centre Drive | | | | | 08 | 1 | I | D D 17 | / | Y | y y 2018 | Y | |
| | City | State NY | | Zip Code | | | | | | | | 866639 | | |
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| | Full Name of Individual (Last, First, Middle Initia Hart, Christopher, , , | l) or Full O |)rgai | nization Name | | Date of | f Re | ece | eipt | | | | | |
| | Mailing Address 75 Town Centre Drive | | | | | M M 08 | 1 | ſ | D D 31 | / | Y | y y 2018 | Y | |
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| | Mailing Address One Tower Square | | | | | 08 | _ | | D D D 03 | / | Y | y y 2018 | Y | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | ctio | n Committee (T-PA | AC) | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Hayes, Christopher, M, , | ll) or Full O | rganiz | zation Name | [| Date of | Re | ece | eipt | | | | | | | |
| | Mailing Address One Tower Square | _ | | | | ^M M 08 | 1 | [| D D 17 | / | Y | ۲ 20 | 18 | Y | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. | Political A | \cti | on Committee (T-P | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Haze, Jeffrey, , , | itial) or Full O | Orgai | nization Name | | Date of | Re | ece | ipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | E | D D 17 | / Y | 2 2 | 018 | Y |
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| с. | Full Name of Individual (Last, First, Middle In Henderson, Charles, A, , | itial) or Full O | Orgai | nization Name | | Date of | Re | ece | ipt | | | | |
| | Mailing Address 1301 E. Collins Boulevard | | | | | м м 08 | / | ľ | 03 | / Y | |) 18 | Y |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pc | olitical A | ct | ion Committee (T-PA | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Henderson, Charles, A, , Mailing Address 1301 E. Collins Boulevard |) or Full O |)rga | nization Name | | | ate o | _ | ec | | ot | | | v | Ý | Y |
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| | Mailing Address 1301 E. Collins Boulevard | | | | | Γ | 08 | / | I | D | 31 | | / Y | 20 ⁻ | ү 18 | Y |
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| C. | Full Name of Individual (Last, First, Middle Initial Henry, Martin, J, , |) or Full O |)rga | nization Name | | D | ate o | f Re | ec | eip | ot | | | | | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | ction Committee | (T-PAC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Henry, Martin, J, , Mailing Address One Tower Square | l) or Full O | rganization Name | | Date o | | | pt | | V | Y | |
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| | The Travelers Companies Inc. F | Political A | ction Committee (T-PA | 4C) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Hentnick, Donna, M, , | tial) or Full C | rganization Name | | Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D 17 | | 2018 | Y |
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| | Primary General Other (specify) ▼ | | 311.55 |] | | | | | | |
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| | Mailing Address One Tower Square | | | | м м 08 | / | 31 | | y y 2018 | Y |
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| | Tampa | FL | 33609 | A | Mount | of | Each F | Receipt th | is Period | |
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| | Name of Employer (for Individual) | Occ | upation (for Individual) | | M | emo | Item | | | |
| | First Floridian Auto and Home | | oc Group General Counsel | | | | | | | |
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| Mailing Address Ste 500 | | | 08 17 2018 |
| 1 N Dale Mabry Hwy City | State | Zip Code | Transaction ID : A2018-1866573 |
| Tampa | FL | 33609 | Amount of Each Receipt this Period |
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| Name of Employer (for Individual) First Floridian Auto and Home | | upation (for Individual) oc Group General Counsel | Memo Item |
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| Mailing Address Ste 500 1 N Dale Mabry Hwy | | | 08 / D D / Y Y Y Y 2018 |
| City Tampa | State FL | Zip Code 33609 | Transaction ID : A2018-1908601 |
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| federal political committee. | C | | 57.69 |
| Name of Employer (for Individual) First Floridian Auto and Home | | upation (for Individual) oc Group General Counsel | Memo Item |
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| Mailing Address 485 Lexington Avenue | | | 08 03 / Y Y Y Y Y 08 03 |
| City New York City | State NY | Zip Code 10017-2630 | Transaction ID : A2018-1652718 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Chairman Chief Inv Offcr | Memo Item |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politi | ical A | \cti | ion Committee (T-PA | ۹C) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Higgins, Lorrie, A, , Mailing Address One Tower Square | r Full C | Drga | nization Name | | | ate of | _ | _ | ipt | D | | V | YYY | _ |
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| NAME OF COMMITTEE (In Full) The Travelers Companies Ir | nc. Political A | ction Committee (T-P | AC) | | | | | | | | |
| Full Name of Individual (Last, First, Midd Higgins, Scott, F, , | le Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | |
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| / | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Hill, David, W, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 300 | | | | M M | / | D D | / Y | Y Y | Y | 1 |
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| B. | Hill, David, W, , | , | • | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 300 10 Sentry Parkway | | | | 08 | / | D D D 17 | / Y | 2018 | Ý | |
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| | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies Ir | c. Political A | ction Committee (T-P | AC) | | | | | | | | | |
| Full Name of Individual (Last, First, Middl A. Hoffman, Brian, J, , | e Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | M M / D D / Y | | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1652856 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 15.00 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Gov't Relations | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | | | | | | | | | | |
| Full Name of Individual (Last, First, Midd B. Hoffman, Brian, J , , | e Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | M / D D / Y | | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866651 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 15.00 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Gov't Relations | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | | | | | | | | | | |
| Full Name of Individual (Last, First, Midd C. Hoffman, Joel, P, , | e Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address 161 N Clark Street | | 1 | 08 / D D / Y Y Y Y Y 08 03 2018 | | | | | | | | | |
| City Chicago | State IL | Zip Code 60601 | Transaction ID : A2018-1652857 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 20.00 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) JW Nat'l Accts | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optiona | l) | | 50.00 | | | | | | | | | |
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| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | y information copied from such Reports and Statement for commercial purposes, other than using the name a | | erson for the purpose of soliciting contributions |
| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politica | I Action Committee (T-PA | AC) |
| A. | Full Name of Individual (Last, First, Middle Initial) or Full Hoffman, Joel, P, , | II Organization Name | Date of Receipt |
| | Mailing Address 161 N Clark Street | Zip Code | 08 / D D / Y Y Y Y 2018 |
| | Chicago IL | 60601 | Transaction ID : A2018-1866652 |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| | Name of Employer (for Individual) Travelers Indemnity Co | Occupation (for Individual) VP UW Nat'l Accts | Memo Item |
| | Receipt For: Aggreg Primary General Other (specify) ▼ | ate Year-to-Date ▼ 320.00 | |
| В. | Full Name of Individual (Last, First, Middle Initial) or Fu Hogan, George, R, , | III Organization Name | Date of Receipt |
| | Mailing Address 161 N Clark Street | | M M / D D / Y |
| | City State Chicago IL | Zip Code 60601 | Transaction ID : A2018-1652858 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 32.31 |
| | Name of Employer (for Individual) Travelers Indemnity Co | Occupation (for Individual) Sr Regional Dir Field Mgmt | Memo Item |
| | Receipt For: Aggreg Primary General Other (specify) ▼ | ate Year-to-Date ▼ 508.26 | |
| с. | Full Name of Individual (Last, First, Middle Initial) or Fu Hogan, George, R, , | II Organization Name | Date of Receipt |
| | Mailing Address 161 N Clark Street | | 08 / D D / Y Y Y Y Y 2018 |
| | City State Chicago IL | Zip Code 60601 | Transaction ID : A2018-1866653 |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| | | Occupation (for Individual) Sr Regional Dir Field Mgmt | Memo Item |
| | Receipt For: Aggreg Primary General Other (specify) | pate Year-to-Date ▼ 540.57 | |
| s | UBTOTAL of Receipts This Page (optional) | | 84.62 |
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| | | | 13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies | Inc. Political A | ction Committee (T-P | 4C) | | | | | | | | | |
| Full Name of Individual (Last, First, Mi A. Hogan, George, R, , | ddle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address 161 N Clark Street | | | M M / D D / Y Y Y Y 08 31 2018 | | | | | | | | | |
| City Chicago | State IL | Zip Code 60601 | Transaction ID : A2018-1908514 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 32.31 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Regional Dir Field Mgmt | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 572.88 | 1 | | | | | | | | | |
| Full Name of Individual (Last, First, Mi B. Hopkins, Alexander, , , | ddle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | M M / D D / Y | | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1653084 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Counsel Intl ML Claim | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 527.31 |] | | | | | | | | | |
| Full Name of Individual (Last, First, Mi C. Hopkins, Alexander, , , | ddle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | M M / D D / Y | | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866587 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 34.04 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Counsel Intl ML Claim | Memo Item | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 561.35 | 1 | | | | | | | | | |
| SUBTOTAL of Receipts This Page (option | nal) | | 100.39 | | | | | | | | | |
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| | The Travelers Companies Inc. I | Political A | ction Committee (1-P/ | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Hopkins, Alexander, , , | itial) or Full O | rganization Name | | Date of | Re | ceipt | t | | | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | | 31 | / Y | y y 2018 | Y | | | |
| | City | State | Zip Code | | Trans | acti | ion II | D : A | 2018-1 | 908609 | | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | - J - | | 4 | 34.0 |)4 | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Counsel Intl ML Claim | | M | emo | lten | n | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | |
| | Primary General | 00 0 | | 11 | | | | | | | | | | |
| | Other (specify) v | | 595.39 | | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Ini Horan, William, T, , | itial) or Full O | rganization Name | | Date of | Re | ceipt | t | | | | | | |
| | Mailing Address Suite 700 9601 McAllister Freeway | | | | м м 08 | / | | 03 | / Y | y y 2018 | Y | | | |
| | City | State | Zip Code | Transaction ID : A2018-1652861 | | | | | | | | | | |
| | San Antonio | TX | 78216 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 34.04 | | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) m Center VP | | M | emo | lten | n | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | |
| | Other (specify) ▼ | | 530.24 |] | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Ini Horan, William, T, , | itial) or Full O | rganization Name | | Date of | Re | ceipt | t | | | | | | |
| | Mailing Address Suite 700 9601 McAllister Freeway | | | | 08 | / | | л 17 | / Y | 2018 Y | Y | | | |
| | City | State | Zip Code | | Trans | acti | ion I | D : A | 2018-1 | 866656 | | | | |
| | San Antonio | TX | 78216 | A | mount | of | Each | h Red | ceipt th | is Period | | | | |
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| | Name of Employer (for Individual) | Occi | upation (for Individual) | - | M | emo | lter | n | | | | | | |
| | Travelers Indemnity Co | | m Center VP | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | |
| | Primary General | | 504.00 | 11 | | | | | | | | | | |
| | Other (specify) | | 564.28 | 4 | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | y | | 9 | 102.1 | 2 | | | |
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| or for c | ormation copied from such Reports and State ommercial purposes, other than using the na | ements ma ime and a | ay no addre | ot be sold or used by any person of any political committee | erson f e to so | or the icit cor | purp ntrib | po: outi | se of ons f | so | bliciting m such | contribu committ | tions ee. | | |
| | IE OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \rangle The | e Travelers Companies Inc. Pol | litical A | \ctio | on Committee (T-PA | AC) | | | | | | | | | | |
| | Name of Individual (Last, First, Middle Initial) ran, William, T, , | or Full O | rgan | ization Name | [| Date of | Re | ece | ipt | | | | | | |
| Maili | ng Address Suite 700 9601 McAllister Freeway | | | | | м м 08 | / | ſ | 0 0 31 | | / Y | ү ү 2018 | Y | | |
| City | | State | | Zip Code | | Trans | acti | ior | ID : | A | 2018-19 | 08515 | | | |
| San | Antonio | ТХ | | 78216 | A | Amount | of | Ea | ich R | lec | eipt thi | s Period | | | |
| | ID number of contributing ral political committee. | С | | | | | | , | | ļ | - | 34. | 04 | | |
| | e of Employer (for Individual) elers Indemnity Co | | • | on (for Individual) enter VP | | Me | emo | b It | em | | | | | | |
| Rece | eipt For: | | Yea | r-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | - | 598.32 | | | | | | | | | | | |
| | Name of Individual (Last, First, Middle Initial) dson, Melanie, L, , | or Full O |)rgan | ization Name | [| Date of | Re | ece | ipt | | | | | | |
| Maili | ng Address Suite 400 11440 Carmel Commons Bouleva | ard | | | | м м 08 | / | ſ | 03 | 2 | / Y | y y 2018 | Y | | |
| City | | State | | Zip Code | | Trans | acti | ior | ID : | Α2 | 2018-16 | 52865 | | | |
| Cha | rlotte | NC | | 28226 | A | | | | | | | s Period | | | |
| | ID number of contributing ral political committee. | С | | | 43.27 | | | | | | | | | | |
| Nam Trave | e of Employer (for Individual) elers Indemnity Co | | • | ion (for Individual) ⁄Iarket VP | | Me | emo | b It | em | | | | | | |
| | eipt For: Primary General Other (specify) ▼ | Aggregate | Year | r-to-Date ▼ 692.32 | | | | | | | | | | | |
| Full C. Hu | Name of Individual (Last, First, Middle Initial) Idson, Melanie, L, , | or Full O | rgan | ization Name | | Date of | Re | ece | ipt | | | | | | |
| Maili | ng Address Suite 400 | | | | | MM | / | Ē | DD | | / Y | YY | Y | | |
| 0:1 | 11440 Carmel Commons Bouleva | | | 7 O | 41 | 08 | ١., | j, | 17 | | | 2018 | | | |
| City Cha | rlotte | State NC | | Zip Code 28226 | | | | | | | | s Period | | | |
| | ID number of contributing ral political committee. | С | | | | anoun | U | c | | | J | 43.: | 27 | | |
| Nam | e of Employer (for Individual) | Осси | upati | on (for Individual) | | Me | emo | o li | em | | | | | | |
| | elers Indemnity Co | | • | larket VP | | | | | | | | | | | |
| Rece | Primary General | Aggregate | Yea | r-to-Date ▼ 735.59 | | | | | | | | | | | |
| | Other (specify) | | -11- | | | | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| angle The Travelers Companies Ind | c. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Middle A. Hudson, Melanie, L, , | Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address Suite 400 11440 Carmel Commons E | Boulevard | | M M / D D / Y Y Y Y 08 31 2018 |
| City Charlotte | State NC | Zip Code 28226 | Transaction ID : A2018-1908516 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 43.27 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) dle Market VP | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 778.86 | 1 |
| Full Name of Individual (Last, First, Middle B. Hughes, Kevin, E, , | Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 03 2018 |
| City | State | Zip Code | Transaction ID : A2018-1652866 |
| Hartford | СТ | 06183 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 45.00 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) up Gen Counsel Bond & SI | Memo Item |
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| Other (specify) ▼ | | 675.00 |] |
| Full Name of Individual (Last, First, Middle C. Hughes, Kevin, E, , | Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 17 / Y Y Y Y 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866661 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 45.00 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) up Gen Counsel Bond & SI | Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 720.00 | 1 |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big)$ | The Travelers Companies Inc. Political | | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Full Ingham, Janis, L, , | Organization Name | | Date of | Re | ece | ipt | | | | | | |
| | Mailing Address Suite 200 | | | MM | / | Г | D D | / _ | YY | Y | | | |
| | 2420 Lakemont Avenue | Zip Oada | _ | 08 | | Į. | 17 | L | 2018 | | | | |
| | City State Orlando FL | Zip Code 32814 | | | | | | | 1866665 | | | | |
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| | | ccupation (for Individual) ssociate Manager | | Me | emo | o It | em | | | | | | |
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| | Primary General | | | | | | | | | | | | |
| | Other (specify) | 203.90 | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) or Full Ingham, Janis, L, , | Organization Name | | Date of | Re | ece | ipt | | | | | | |
| | Mailing Address Suite 200 2420 Lakemont Avenue | | | м м 08 | / | ſ | D D 31 | / Y | 2018 | Y | | | |
| | City State | Zip Code | Transaction ID : A2018-1908517 | | | | | | | | | | |
| | Orlando FL | 32814 | A | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | _ | | - | | - 45- | 12. | 10 | | | |
| | | ccupation (for Individual) | | Me | emo | o It | em | | | | | | |
| | | te Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | 216.00 | | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) or Full Jagielski, Joseph, M, , | Organization Name | | Date of | Re | ece | ipt | | | | | | |
| | Mailing Address Suite 1250 | | | M M | / | Г | DD | / | YY | Y | | | |
| | 7 St. Paul Street | 7 | 41 | 08 | L, | jL, | 03 | | 2018 | | | | |
| | City State Baltimore MD | Zip Code 21202 | | | | | | | 1652872 | | | | |
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| | FEC ID number of contributing federal political committee. | | | _ | | y | | , | 25. | .00 | | | |
| | Name of Employer (for Individual) O | ccupation (for Individual) | \dashv | M | emo | o It | em | | | | | | |
| | Travelers Indemnity Co M | lanaging Counsel Prod Line Ld | | | | | | | | | | | |
| | | te Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | 275.00 | | | | | | | | | | | |
| | Other (specify) | 375.00 | | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | \sim | | | | | | | | | | | |
| | The Travelers Companies Inc. Politi | ical A | \Ct | ion Committee (| I-PA | C) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Jagielski, Joseph, M, , | r Full C | Drga | nization Name | | | Da | te of | Re | ecei | ipt | | | | | | |
| | Mailing Address Suite 1250 | | | | | | | M | / | | D D | / Y | | Y | Y | | |
| | 7 St. Paul Street | tata | | Zip Code | | _ | - | 08 | ١., | Ŀ | 17 | | 1 | 018 | | | |
| | | tate 1D | | 21202 | | | | | | | | 2018-1 | | | | | |
| | FEC ID number of contributing federal political committee. | ; | | | | | | Journ | . 01 | -La | | | | 25. | 00 | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) ing Counsel Prod Line Lo | d | | | Me | emo |) Ite | em | | | | | | |
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| | Other (specify) ▼ | | 7 | 400.0 | 0 | | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) or Jenkins, Robert, W, , | r Full C | Drga | nization Name | | | Da | te of | Re | ecei | ipt | | | | | | |
| | Mailing Address One Tower Square | | | | | | | ™ 08 | 1 | ľ | 03 | / Y | |)18 | Y | | |
| | City St | tate | - | Zip Code | | | Т | rans | acti | on | ID : A | 2018-1 | 652 | 873 | | | |
| | Hartford C | СТ | | 06183 | | Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | ; | _ | | | | | | | - - | | -7- | _ | 39. |)4 | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ation (for Individual) Strat Plng & Execution | | | | Me | emo |) Ite | em | | | | | | |
| | Receipt For: Agg Primary General Other (specify) ▼ | gregate | Ye | ar-to-Date ▼ 610.2 | 24 | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initial) or Jenkins, Robert, W, , | r Full C | Drga | nization Name | | | Dat | te of | Re | cei | ipt | | | | | | |
| | Mailing Address One Tower Square | | | | | | | 08 ^M | / | | D D 17 | / Y | |)18 [°] | Y | | |
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| | FEC ID number of contributing federal political committee. | ; | _ | | | | | | | , | | 9 | _ | 39. |)4 | | |
| | Name of Employer (for Individual) | Occ | sanc | tion (for Individual) | | - | Г | M | emo | o Ite | em | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | о і <i>н</i> (т. р. | | | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. Po | olitical A | ction | Committee (1-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Jenkins, Robert, W, , | l) or Full O | organizati | on Name | | Date of | Re | ceipt | | | | | | | |
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| | Primary General Other (specify) ▼ | | - | 688.32 | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | , | 938.40 | | | | | | | | | | | |
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| | Primary General | | | 007.05 | | | | | | | | | | | |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. F | Political A | ction Committee (T-P | AC) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Joachim, Michael, R, , | ial) or Full O | rganization Name | [| Date of | Re | ceipt | | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 9 Global Claim | | Me | emo | Item | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1055.70 | | | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Init Johnson, Jeffrey, M, , | ial) or Full O | rganization Name | | Date of | Re | ceipt | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 357.76 | | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Init Johnson, Jeffrey, M, , | ial) or Full O | rganization Name | | Date of | Re | ceipt | | | | | | | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | \ct i | on Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Johnson, Jeffrey, M, , Mailing Address Suite 1201 | al) or Full C |)rga | nization Name | | | ate of | Re | | ot | | Y | | V |
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| $\Big\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Polit | tical A | \cti | ion Committee (T-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Jones, Rufus, E, , | or Full O | Irga | nization Name | | Da | ate o | f Re | ece | ipt | | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | Political A | Actic | on Committee (T-PA | AC) | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Joyce, Thomas, J, , Mailing Address One Tower Square | ial) or Full O | Organ | ization Name | [| 13 14 15 16 n for the purpose of soliciting contributions from such committee Date of Receipt 08 03 2018 Transaction ID : A2018-1652880 Amount of Each Receipt this Period 08 17 2018 Transaction ID : A2018-1866675 Amount of Each Receipt this Period 08 17 2018 Transaction ID : A2018-1866675 Amount of Each Receipt this Period 98.08 Memo Item Date of Receipt 08 13 08 14 15 16 17 2018 2018 Transaction ID : A2018-1866675 Amount of Each Receipt this Period 98.08 Memo Item Date of Receipt 13 14 15 16 17 2018 2019 2018 2018 2019 2018 2019 2018 20 | | | | Y | | | | |
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| | for commercial purposes, other than using the r | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Judice, Francis, D, , | al) or Full O | rganization Name | | Date of | Re | ceint | | | | | |
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| Detailed Summary Page Intermediation in the solid Summary Page Intermediation in the solid or used by any person for the purpose of soliding contributions from such committee. Any Information copied from such Reports and Statements may not be solid or used by any person for the purpose, other than using the name and address of any political committee to solid 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, Keegan, Patrick, F, . Date of Receipt Mailing Address One Tower Square City Hartford City Pit Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co State Receipt For: Query (General Other (specify) v Query (State City State Hardford C Receipt For: Aggregate Year-to-Date v Primary General Other (specify) v Query (State City State Hardford C Receipt For: Query (State Primary General Other (specify) v Query (State City | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \sum | The Travelers Companies Inc. F | olitical A | ction Committee (T-PA | 4C) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Kelley, Patricia, H, , | ial) or Full O | rganization Name | | Date of | Re | eceip | pt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D | 03 | / Y | 2018 | Y |
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| $\left\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pol | litical A | cti | on Committee (T-PA | AC) | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Kelly, Anne, C, , | or Full O | rgar | nization Name | | Date of | f Re | ece | eipt | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | | D D 03 | / | Y | 2018 | ү 8 | Ý |
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| В. | Full Name of Individual (Last, First, Middle Initial) Kelly, Anne, C, , | or Full O | rgar | nization Name | | Date of | f Re | ece | eipt | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initial) Kelly, Timothy, F, , | or Full O | rgar | nization Name | | Date of | f Re | ece | eipt | | | | | |
| | Mailing Address 485 Lexington Avenue | | | | | м м 08 | / | [| D D D 03 | / | Y | 2018 | 3 | Ŷ |
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| $\left\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | ction Committee (T-P/ | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Kelly, Timothy, F, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
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| С. | Full Name of Individual (Last, First, Middle Initia Kennedy, Tara, C, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 03 | | 2018 | 3 | |
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| \backslash | NAME OF COMMITTEE (In Full) | | <i></i> | | \sim | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (| I-PA | C) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Kennedy, Tara, C, , | ial) or Full O | rganization Name | | | ate of | Re | ceip | ot | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | D | D 17 | / Y | y y 2018 | Y |
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| | Full Name of Individual (Last, First, Middle Initi Kinney, Patrick, J, , | ial) or Full O | rganization Name | | D | ate of | Re | ceip | ot | | | |
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| | Name of Employer (for Individual) | Occi | upation (for Individual) | | 1 | Me | emo | lte | m | | | |
| | Travelers Indemnity Co | | Field Management | | 1. | | | | | | | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | ction Commit | tee (T-PA | NC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Kinney, Patrick, J, , Mailing Address One Tower Square | al) or Full O | rganization Name | | | Date of | Re / | D D | | | 04C | Ŷ | |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | 3333.28 | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia Klein, Michael, F, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $\Big/$ | The Travelers Companies Inc. Po | olitical A | Action Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Klein, Michael, F, , |) or Full O | Organization Name | | Date o | of Re | eceipt | | | | | |
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| | Phoenix | AZ | 85050 | A | Amoun | nt of | Each | Re | ceipt th | is Pe | eriod | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) ional Programs Director | | N | lemc | ltem | l | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 458.40 | | | | | | | | | |
| <u></u> с. | Full Name of Individual (Last, First, Middle Initial) Knudson, Kim, J, , |) or Full O | Organization Name | | Date o | of Re | eceipt | | | | | |
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| | Name of Employer (for Individual) | Осси | upation (for Individual) | - | N | 1emc | b Item | 1 | | | | |
| | Travelers Indemnity Co | | onal Programs Director | | | | | | | | | |
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| | Primary General | | 487.05 | | | | | | | | | |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P | AC) | | | | | |
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| | Mailing Address One Tower Square | | | 08 | | D D 17 | / Y | y y 2018 | Ŷ |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. I | Political A | ction Committee (T-PA | AC) | | | | | | | |
| A . | Full Name of Individual (Last, First, Middle Ini Komidar, John, , , Mailing Address One Tower Square | tial) or Full O | rganization Name | | Date of | Re ′ | D D | / Y | Y | Y | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Risk Control | | Me | emo | Item | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 796.14 | 1 | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Ini Kump, James, A, , | tial) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address 385 Washington Street | | | | м м 08 | / | D D D 03 | / Y | | 18 18 | Y |
| | City St. Paul | State MN | Zip Code 55102 | | | | on ID : A | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Finance | | Me | emo | Item | | | | |
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| NAME OF COMMITTEE (In Full) | | | |
| ight angle The Travelers Companies Inc | . Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Middle A. Kump, James, A, , | Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address 385 Washington Street | | | 08 31 2018 |
| City St. Paul | State MN | Zip Code 55102 | Transaction ID : A2018-1908443 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 38.46 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Finance | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 685.08 |] |
| Full Name of Individual (Last, First, Middle | Initial) or Full C | rganization Name | |
| B. Kunkel, Thomas, M, , Mailing Address One Tower Square | | | Date of Receipt |
| City | State | Zip Code | Transaction ID : A2018-1652893 |
| Hartford | СТ | 06183 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 208.33 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P & President Bond & SI | Memo Item |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Other (specify) | | 3124.95 |] |
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| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 08 17 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866688 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & President Bond & SI | Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 3333.28 |] |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | olitical A | ction Committee (T-PA | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Kyrilis, Paul, B, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 201 215 Shuman Boulevard | | | | м м 08 | / | 03 |) / Y | y y 2018 | Y |
| | City Naperville | State IL | Zip Code 60563 | | | | | A2018-1 Receipt th | 652894 is Period | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) dle Market VP | | Me | emo | tem | | | |
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| | Full Name of Individual (Last, First, Middle Initia Kyrilis, Paul, B, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 201 215 Shuman Boulevard | | | | 08 | / | D 17 |) / Y | 2018 | Y |
| | City Naperville | State IL | Zip Code 60563 | + | | | - | A2018-1 | 866689 is Period | |
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| | Full Name of Individual (Last, First, Middle Initia Lacedonia, Mark, D, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 03 | | y y 2018 | Y |
| | City Hartford | State CT | Zip Code 06183 | | | | - | A2018-1 Receipt th | 652895 is Period | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \sum | The Travelers Companies Inc. P | olitical A | \cti | on Committee (T-PA | 4C) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Lacedonia, Mark, D, , | al) or Full O | rgar | nization Name | | Date of | Re | ece | ipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | [| D D 17 | | | 018 | Ŷ |
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| | Mailing Address One Tower Square | | | | | M M 08 | / | Γ | D D D 03 | | 20 |)18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) iness Development | | Me | emo | o It | em | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 733.20 | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia LaMonica, William, L, , | al) or Full O | rgar | nization Name | | Date of | Re | ece | ipt | | | | |
| | Mailing Address One Tower Square | | | | | ^M 08 | / | [| D D 17 | / | | 018 [°] | Y |
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| | | | 13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
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| Full Name of Individual (Last, First, Mic A. LaMonica, William, L, , | Idle Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 31 2018 |
| City | State CT | Zip Code | Transaction ID : A2018-1908525 |
| Hartford | | 06183 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 48.08 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Business Development | Memo Item |
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| Full Name of Individual (Last, First, Mic B. Landmark, Gregory, A, , | Idle Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address 385 Washington Street | | | 08 03 2018 |
| City | State | Zip Code | Transaction ID : A2018-1652711 |
| St. Paul | MN | 55102 | Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) HR-Compensation & Benefits | Memo Item |
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| Mailing Address 385 Washington Street | | | 08 / 17 / Y Y Y Y 2018 |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | The Travelers Companies Inc. Pol | itical A | Actic | on Committee (1-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Lankton, Madelyn, J, , | or Full O | Organi | ization Name | C | Date of | Re | ece | ipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | l | 03 |] ' | / Y | y y 2018 | Y |
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| | Lankton, Madelyn, J, , | | | | - - | Date of | ке | ece | · | _ | | | |
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| | Full Name of Individual (Last, First, Middle Initial) Lankton, Madelyn, J, , | or Full O | Organi | ization Name | | Date of | Re | ece | ipt | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Larkin, Courtney, B, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | |
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| B. | Full Name of Individual (Last, First, Middle Initi Larkin, Courtney, B, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. P | olitical A | ction | Committee (T-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Lawrence, Nicole, J, , | al) or Full O | rganizat | on Name | 1 | Date of | Re | ceipt | | | | |
| | Mailing Address 385 Washington Street | | | | | м м 08 | / | D D D 03 | / Y | Y 2(|) 18 | Y |
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| B. | Full Name of Individual (Last, First, Middle Initi Lawrence, Nicole, J, , | al) or Full O | rganizat | on Name | | Date of | Re | ceipt | | | | |
| | Mailing Address 385 Washington Street | | | | | м м 08 | / | D D D 17 | / Y | Y 20 |)18 | Y |
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| | Primary General Other (specify) ▼ | | , | 320.00 | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initi Leal, Robin, L, , | al) or Full O | rganizat | on Name | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 300 6640 Carothers Parkway | | | | | м м 08 | / | D D D 03 | / Y | |)18) | Y |
| | City | State TN | | Code 067-6305 | | | | ion ID : A | | | | |
| | Franklin | | 3/ | 007-0305 | _ | Amount | of | Each Re | ceipt th | is P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | _ | y | y | _ | 27.6 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | | (for Individual) blic Sector | | M | emo | Item | | | | |
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| | Other (specify) | | | 437.25 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | | | | _ | 67.6 | 0 |
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| | EIMIZED RECEIPTS | | Detailed Summary Page | × | 11a | | 11b | 11c | | 12 | |
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| \backslash | NAME OF COMMITTEE (In Full) | | ation Operation (T.D. | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | | 4C) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Leal, Robin, L, , | al) or Full O | rganization Name | | Date of | Re | eceipt | _ | _ | | _ |
| | Mailing Address Suite 300 6640 Carothers Parkway | | | | M M 08 | / | D [|) / Y | | ү 018 | Y |
| | City | State TN | Zip Code | | Trans | acti | ion ID : | A2018-1 | 866 | 446 | |
| | Franklin | | 37067-6305 | / | Amount | of | Each F | leceipt tl | nis F | Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | _ | 27.6 | 50 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 2 UW Public Sector | | Me | emo | ltem | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 464.85 |] | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia Leal, Robin, L, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 300 6640 Carothers Parkway | | | | M M 08 | / | 31 | / Y | |)18 | Y |
| | City | State | Zip Code | | Trans | acti | ion ID : | A2018-1 | 908 | 457 | |
| | Franklin | TN | 37067-6305 | A | Amount | of | Each F | leceipt tl | nis F | Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | _ | 27.6 | 60 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 2 UW Public Sector | | Me | emo |) Item | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 492.45 |] | | | | | | | |
| — С. | Full Name of Individual (Last, First, Middle Initia Lear, Mark, C, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | | |
| | Mailing Address Suite 270 940 West Port Plaza | | | | M M 08 | 1 | 03 | | |)18 [°] | Y |
| | City Ct Louis | State MO | Zip Code | | | | | A2018- | | | |
| | St. Louis | | 63146 | / | Amount | of | Each F | leceipt tl | nis F | Period | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 9 Bond & SI | | Me | emc | tem | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 1068.44 |] | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | name and a | active of any pointed continue | | | | | .om 300 | | | |
| \rangle | The Travelers Companies Inc. P | olitical A | ction Committee (T-F | PAC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Lear, Mark, C, , | al) or Full O | rganization Name | [| Date of | f Re | eceipt | | | | |
| | Mailing Address Suite 270 | | | | M – M | / | DE | / Y | Y | Y | Y |
| | 940 West Port Plaza | - | | | 08 | | 17 | JL | 20 |)18 | |
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| | Primary General Other (specify) ▼ | | 1136.23 | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initi Lear, Mark, C, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | | |
| | Mailing Address Suite 270 940 West Port Plaza | | | | м м 08 | / | 31 | / Y | 20 | ү 18 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | A2018-1 | 9085 | 527 | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Bond & SI | | M | emo | tem | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1204.02 | | | | | | | | |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initi Lego, Raymond, J, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | | |
| | Mailing Address Suite 100 6060 S Willow Drive | | | | м м 08 | / | 03 | / Y | 20 | 18 | Y |
| | City | State CO | Zip Code | | Trans | sact | ion ID : | A2018- | 16529 | 904 | |
| | Greenwood Village | | 80111 | A | Amount | t of | Each R | eceipt tl | nis Pe | eriod | |
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| | Name of Employer (for Individual) | Occi | upation (for Individual) | | М | emc | tem | | | | |
| | Travelers Indemnity Co | | aging Counsel Claim | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | | | | | | | | | |
| | Other (specify) | <u> </u> | 545.37 | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-P/ | AC) | | | | | | | |
| / | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name | | | | | | | | |
| Α. | Lego, Raymond, J, , | | | | Date of | Re | ceipt | | | | |
| | Mailing Address Suite 100 | | | | м м 08 | 1 | D D 17 | / Y | 2018 | Υ Υ २ | 7 |
| | 6060 S Willow Drive | State | Zip Code | | | acti | on ID : A | A2018-1 | 1. A 1. | 1.0 | |
| | Greenwood Village | СО | 80111 | | Amount | of | Each Re | eceipt th | is Peri | iod | |
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| | federal political committee. | U | | | <u></u> | | - | - 7 | | | |
| | Name of Employer (for Individual) | Осси | upation (for Individual) | | Me | emo | Item | | | | |
| | Travelers Indemnity Co | Man | aging Counsel Claim | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 579.99 | | | | | | | | |
| | | | | | | | | | | | |
| _ | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name | | | _ | | | | | |
| в. | Lego, Raymond, J, , Mailing Address Suite 100 | | | | Date of | Re | | | | | _ |
| | 6060 S Willow Drive | | | | 08 | ' | 31 | / Y | 2018 | | |
| | City | State | Zip Code | | Trans | acti | on ID : A | 2018-19 | 908528 | 3 | |
| | Greenwood Village | CO | 80111 | | Amount | of | Each Re | eceipt th | is Peri | od | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) naging Counsel Claim | | Me | emo | Item | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | |
| | Primary General Other (specify) ▼ | | 614.61 |] | | | | | | | |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia Levine, Mark, , , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 03 | / Y | 2018 | | 1 |
| | City | State CT | Zip Code | | Trans | acti | ion ID : / | A2018-1 | 65290 | 5 | |
| | Hartford | | 06183 | | Amount | of | Each Re | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | <u> </u> | _ | y | , , , , , , , , , , , , , , , , , , , | 1 | 15.00 |) |
| | Name of Employer (for Individual) | | upation (for Individual) | | M | emo | Item | | | | |
| | Travelers Indemnity Co Receipt For: | I | ounsel | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date V | | | | | | | | |
| | Other (specify) | | 225.00 | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | - 1141 1 - A | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | Ctio | on Committee (1-PA | 4C) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Levine, Mark, , , | al) or Full O | rgan | ization Name | [| Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | D D 17 | / Y | 2018 | Y |
| | City | State | | Zip Code | | Trans | acti | ion ID : | A2018-1 | 866700 | |
| | Hartford | СТ | | 06183 | # | Amount | of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | - | | 15.0 | 00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | Occu Sr C | • | on (for Individual) sel | | Me | emo | Item | | | |
| | Receipt For: | Aggregate | Yea | r-to-Date ▼ | | | | | | | |
| | Primary General | | | | 1 | | | | | | |
| | Other (specify) | | - | 240.00 | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Lim, Eunjin, , , | al) or Full O | rgan | ization Name | | Date of | Re | ceipt | | | |
| | Mailing Address 21688 Gateway Center Drive St | e 130 | | | | м м 08 | / | 03 | / Y | 2018 | Y |
| | City | State | | Zip Code | | Trans | acti | on ID : / | A2018-1 | 652721 | |
| | Diamond Bar | CA | | 91765 | A | | | | | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | - | | 13.4 | 7 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) riting Director Select | | Me | emo | Item | | | |
| | Receipt For: | Aggregate | Yea | r-to-Date 🔻 | | | | | | | |
| | Other (specify) ▼ | | , | 208.39 | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Lim, Eunjin, , , | al) or Full O | rgan | ization Name | [| Date of | Re | ceipt | | | |
| | Mailing Address 21688 Gateway Center Drive St | te 130 | | | | 08 ^M | / | D D 17 | / Y | 2018 | Y |
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| | Diamond Bar | CA | | 91765 | A | Amount | of | Each R | eceipt th | is Period | |
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| | Name of Employer (for Individual) | Осси | upati | on (for Individual) | | M | emc | Item | | | |
| | Travelers Indemnity Co | | • | iting Director Select | | | | | | | |
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| | Primary General | | | 221.56 | 1 | | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | ction Committee (T-PA | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Lim, Eunjin, , , | al) or Full Or | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address 21688 Gateway Center Drive St | e 130 | | | 08 M | / | 31 |) / Y | ү ү 2018 | Y |
| | City Diamond Bar | State CA | Zip Code 91765 | | | | | A2018-1 | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) erwriting Director Select | | Me | emo | tem Item | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 234.73 | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia Linehan, Patrick, L, , | al) or Full Or | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address 485 Lexington Avenue | | | | 08 | 1 | 03 |) / Y | 2018 | Y |
| | City | State NY | Zip Code | | | | - | A2018-1 | | |
| | New York City FEC ID number of contributing | | 10017-2630 | | Amount | : Of | Each H | Receipt th | is Period | _ |
| | federal political committee. | С | | | Ļ. | | -y I | | 130. | 77 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Corporate Communications | | Me | emo | o Item | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Other (specify) ▼ | | 2092.32 | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Linehan, Patrick, L, , | al) or Full Or | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address 485 Lexington Avenue | | | | 08 | / | D 17 | | 2018 | Y |
| | City New York City | State NY | Zip Code 10017-2630 | | | | | A2018-1 Receipt th | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Corporate Communications | | M | emo | o Item | | | |
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| | | | e to solicit contributions from such committee. | | | | | | | | |
| NAME OF COMMITTEE (In Full) The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) | | | | | | | | |
| Full Name of Individual (Last, First, Mid A. Linehan, Patrick, L, , | dle Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | |
| Mailing Address 485 Lexington Avenue | | | M M / D D / Y Y Y Y 08 31 2018 | | | | | | | | |
| City New York City | State NY | Zip Code 10017-2630 | Transaction ID : A2018-1908615 Amount of Each Receipt this Period | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Corporate Communications | Memo Item | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2353.86 |] | | | | | | | | |
| Full Name of Individual (Last, First, Mid B. Llompart-Coley, Margarita, , , | dle Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | |
| Mailing Address One Tower Square | | | 08 03 2018 | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1652907 Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 34.04 | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) ? Affinity | Memo Item | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 537.44 |] | | | | | | | | |
| Full Name of Individual (Last, First, Mid C. Llompart-Coley, Margarita, , | | rganization Name | Date of Receipt | | | | | | | | |
| Mailing Address One Tower Square | | | 08 17 2018 | | | | | | | | |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866702 Amount of Each Receipt this Period | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Affinity | Memo Item | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 571.48 | 1 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) The Travelers Companies Inc | . Political A | ction Committee (T-PA | łC) |
| Full Name of Individual (Last, First, Middle Llompart-Coley, Margarita, , , Mailing Address One Tower Square City Hartford FEC ID number of contributing federal political committee. Name of Employer (for Individual) | State CT Occ | Zip Code 06183 | Date of Receipt 08 Transaction ID : A2018-1908529 Amount of Each Receipt this Period 34.04 Memo Item |
| Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | | P Affinity Year-to-Date ▼ 605.52 |] |
| Full Name of Individual (Last, First, Middle B. Lloyd, Christopher, M, , Mailing Address One Tower Square City Hartford FEC ID number of contributing federal political committee. Name of Employer (for Individual) | State CT | Zip Code 06183 | Date of Receipt 08 03 2018 Transaction ID : A2018-1652689 Amount of Each Receipt this Period 25.00 Memo Item |
| Travelers Indemnity Co Receipt For: ☐ Primary _ General Other (specify) ▼ | 2VF | P TPA Management Year-to-Date ▼ 375.00 | |
| Full Name of Individual (Last, First, Middle Lloyd, Christopher, M, , Mailing Address One Tower Square | Initial) or Full C | rganization Name | Date of Receipt |
| City Hartford FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) | 2VP | Zip Code 06183 upation (for Individual) TPA Management Year-to-Date ▼ 400.00 | Transaction ID : A2018-1866414 Amount of Each Receipt this Period 25.00 Memo Item |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Poli | tical A | ١ct | ion Committee (T-P/ | ۹C) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Loperfido, Dennis, , , | or Full C | Drga | nization Name | | Dat | te o | f Re | ece | ipt | | | | | |
| | Mailing Address 385 Washington Street | Ctoto | | Zin Code | _ | | 08 ^M | | L | 03 | | Ý | 2018 | | |
| | , | State MN | | Zip Code 55102 | | | | | - | | - | | 5 2695 s Perio | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual)) of FI Research | | | М | emc | o It | em | | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | ar-to-Date ▼ 680.80 |] | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) o | or Full C | Drga | nization Name | | Dat | te o | f Re | ece | ipt | | | | | |
| | Mailing Address 385 Washington Street | | | | | | 08 | / | l | D D 17 | / | Y | 2018 | Y | |
| | 5 | State MN | | Zip Code 55102 | | | | | | | | | 366420 s Perio | od | |
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| с. | Full Name of Individual (Last, First, Middle Initial) o Luszczak, Thomas, M, , | or Full C | Drga | nization Name | - | Dat | te o | f Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | | | _ | | | 08 ^M | / | l | 03 | | Y | 2018 | Y | |
| | 5 | State CT | | Zip Code 06183 | - | | | | | | | | 652912 s Perio | | |
| | FEC ID number of contributing federal political committee. | | _ | | | Ľ | | | , | | | , | | 8.98 | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) Dir Corp Real Estate | | | M | lemo | o It | em | | | | | |
| | Receipt For: Ag Primary General Other (specify) | ggregate | Yea | ar-to-Date ▼ 457.91 |] | | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. | Political A | ction Committee (T-P | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Luszczak, Thomas, M, , | itial) or Full C | rganization Name | [| Date of Receipt | | | | | | | | | | |
| | Mailing Address One Tower Square | | | | 08 | / | D 1 | D 7 | / Y | ү ү 2018 | Y | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) 'I Sr Dir Corp Real Estate | | Me | emo | Item | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 486.89 |] | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle In Luszczak, Thomas, M, , | itial) or Full C | rganization Name | | Date of | Re | ceipt | | | | | | | | |
| | Mailing Address One Tower Square | | | | M M 08 | / | 3 | D 81 | / Y | 2018 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID | : A | 2018-1 | 908530 | | | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | - | | -9 | 28 | .98 | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) J'I Sr Dir Corp Real Estate | | Me | emo | Item | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 515.87 |] | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle In Malek, Edward, J, , | itial) or Full C | rganization Name | | Date of | Re | ceipt | | | | | | | | |
| | Mailing Address Suite 810 161 N Clark Street | | | | м м 08 | / | D | D)3 | / Y | 2018 | Y | | | | |
| | City | State | Zip Code | | | acti | the second s | | 2018-1 | 652917 | | | | | |
| | Chicago | IL | 60601 | | | | | | | is Period | d | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | , | | .38 | | | | |
| | Name of Employer (for Individual) | Occ | upation (for Individual) | | Me | emo | ltem | 1 | | | | | | | |
| | Travelers Indemnity Co | | Qlty Ld Counsel Stf Cnsl | | | | | | | | | | | | |
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| | Primary General | 33 - 3 | | 11. | | | | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Polit | tical A | Action Committee (T-PA | .C) |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Malek, Edward, J, , Mailing Address Suite 810 | or Full C | Drganization Name | Date of Receipt |
| | 161 N Clark Street | State | Zip Code | 08 17 2018 Transaction ID : A2018-1866712 |
| | Chicago I | L | 60601 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 40.38 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) tl Qlty Ld Counsel Stf Cnsl | Memo Item |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | e Year-to-Date ▼ 672.06 | |
| B. | Full Name of Individual (Last, First, Middle Initial) c Malek, Edward, J, , | or Full C | Drganization Name | Date of Receipt |
| | Mailing Address Suite 810 161 N Clark Street | | | 08 31 2018 |
| | , | State IL | Zip Code 60601 | Transaction ID : A2018-1908531 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. |) | | 40.38 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) tl Qlty Ld Counsel Stf Cnsl | Memo Item |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | e Year-to-Date ▼ 712.44 | |
| C. | Full Name of Individual (Last, First, Middle Initial) c Malugen, William, C, , | or Full C | Drganization Name | Date of Receipt |
| | Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 2018 |
| | , | State CT | Zip Code 06183 | Transaction ID : A2018-1652918 |
| | FEC ID number of contributing federal political committee. | | | Amount of Each Receipt this Period |
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| | Receipt For: Ag Primary General Other (specify) Image: Constraint of the second | gregate | e Year-to-Date ▼ 3076.96 | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | _ | - | | | | | | | | |
| \sum | The Travelers Companies Inc. Pol | | | , , , , , , , , , , , , , , , , , , , | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Malugen, William, C, , | or Full Or | rganizat | lion Name | | Date of | Re | ceipt | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | D 1 | D 7 | / Y | Y 20 |)18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | (for Individual) lat'l Accts &Property | | Me | emo | ltem | | | | | |
| | Receipt For: A | ggregate ` | Year-to- | Date V | | | | | | | | | |
| | Primary General Other (specify) ▼ | | - | 3269.27 |] | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) Malugen, William, C, , | or Full Or | rganizat | tion Name | | Date of | Re | ceipt | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | D | D 81 | / Y | 20 | 18 | Y |
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| | Receipt For: A Primary General Other (specify) ▼ | ggregate ` | Year-to- | Date ▼ 3461.58 |] | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) Marine, Noah, D, , | or Full Or | rganizat | tion Name | | Date of | Re | eceipt | | | | | |
| | Mailing Address Suite 1180 700 13th Street NW | | | | | м м 08 | / | D | D 03 | / Y | |)18 18 | Y |
| | , | State | · · · | Code | | Trans | acti | ion ID |):A | 2018-1 | 653 | 121 | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Politic | al Ac | tion Committee (T-PA | AC) |
| Α. | Full Name of Individual (Last, First, Middle Initial) or I Marine, Noah, D, , Mailing Address Suite 1180 | Full Org | anization Name | Date of Receipt |
| | City 700 13th Street NW Sta | te | Zip Code | 08 17 2018 Transaction ID : A2018-1866624 |
| | Washington DC | ; | 20005 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 20.00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | · · | ation (for Individual) Sovernment Relations | Memo Item |
| | Receipt For: Aggreen and and a structure Primary General Other (specify) ▼ | egate Ye | ear-to-Date ▼ 320.00 | |
| В. | Full Name of Individual (Last, First, Middle Initial) or I Marino, Mark, S, , | Full Org | anization Name | Date of Receipt |
| | Mailing Address 29th Floor West Tower 1500 Market Street | | | 08 03 / Y Y Y Y 2018 |
| | City Sta Philadelphia PA | | Zip Code 19102 | Transaction ID : A2018-1652919 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 17.42 |
| | Name of Employer (for Individual) Travelers Indemnity Co | · · | ation (for Individual) Bond & SI | Memo Item |
| | Receipt For: Aggreen and and a structure Primary General Other (specify) ▼ | egate Ye | ear-to-Date ▼ 275.50 | |
| с. | Full Name of Individual (Last, First, Middle Initial) or I Marino, Mark, S, , | Full Org | anization Name | Date of Receipt |
| | Mailing Address 29th Floor West Tower 1500 Market Street | | | 08 / D D / Y Y Y Y 2018 |
| | City Sta Philadelphia PA | | Zip Code 19102 | Transaction ID : A2018-1866714 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 17.42 |
| | Name of Employer (for Individual) Travelers Indemnity Co | · · | ation (for Individual) ond & SI | Memo Item |
| | Receipt For: Aggreen and and and and and and and and and an | egate Ye | ear-to-Date ▼ 292.92 | |
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| \backslash | NAME OF COMMITTEE (In Full) | | ·· · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | The Travelers Companies Inc. Po | litical A | ction Committee (1-P/ | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Marino, Mark, S, , | or Full Or | ganization Name | Di | ate of | Re | ceipt | | | | |
| | Mailing Address 29th Floor West Tower | | | | M M | / | DDD | / Y | | Y | Y |
| | 1500 Market Street City | State | Zip Code | — L | 08 - | | 31 | | 201 | | _ |
| | Philadelphia | PA | 19102 | | | | on ID : A Each Re | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | pation (for Individual) Bond & SI | - 0 | Me | emo | Item | | | | |
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| | Primary General | Aggregate | lear-to-Date ▼ | | | | | | | | |
| | Other (specify) v | | 310.34 | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) Marsh, Stephen, R, , | or Full Or | ganization Name | D | ate of | Re | ceipt | | | | |
| | Mailing Address Suite 490 / LB 11 1301 E Collins Blvd | | | | м м 08 | / | D D D 03 | / Y | 2018 | | Y |
| | City | State | Zip Code | | Transa | acti | on ID : A | 2018-1 | 65292 | 0 | _ |
| | Richardson | TX | 75081 | Ar | mount | of | Each Re | eceipt th | is Per | riod | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | pation (for Individual) ounsel Claim | | Me | emo | Item | | | | |
| | Receipt For: | Aggregate ` | /ear-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 454.88 | 1 | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) Marsh, Stephen, R, , | or Full Or | ganization Name | Di | ate of | Re | ceipt | | | | |
| | Mailing Address Suite 490 / LB 11 1301 E Collins Blvd | 1 | | | 08 | / | D D D 17 | / Y | 2018 | | Y |
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| | Name of Employer (for Individual) | Occu | pation (for Individual) | | Me | emo | Item | | | | |
| | Travelers Indemnity Co | Sr Co | ounsel Claim | | | | | | | | |
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| | Primary General | | 483.76 | 1. | | | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Marsh, Stephen, R, , | l) or Full O | Orgar | nization Name | | Date of | Re | eceip | pt | | | | |
| | Mailing Address Suite 490 / LB 11 | | | | 1.1 | M M | / | D | D | / Y | Y | Y | Y |
| | 1301 E Collins Blvd | | | | _ | 08 | | | 31 | | 1.00 | 018 | |
| | City | State TX | | Zip Code 75081 | | | | | | 2018-1 | | | |
| | Richardson | | | 75061 | A | mount | of | Ead | ch Reo | ceipt th | is P | eriod | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) sel Claim | | M | emo |) Ite | em | | | | |
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| | Other (specify) | L | - | 512.64 | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia Martin, Sean, D, , | l) or Full O | Orgar | ization Name | | Date of | Re | eceip | pt | | | | |
| | Mailing Address Building 1 Suite 255 4000 Kruse Way Pl | | | | | м м 08 | 1 | D | 03 | / Y | |)18 | Y |
| | City | State | | Zip Code | | Trans | acti | ion | ID : A | 2018-1 | 652 | 741 | |
| | Lake Oswego | OR | | 97035 | A | | | - | | ceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | | -, | | -95- | _ | 53.3 | 57 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) enter VP | | M | emo | b Ite | em | | | | |
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| | Primary General Other (specify) ▼ | | , | 843.04 | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initia Martin, Sean, D, , | l) or Full O | Orgar | nization Name | | Date of | Re | eceir | nt | | | | |
| | Mailing Address Building 1 Suite 255 4000 Kruse Way Pl | | | | | м м 08 | / | | 17 | / Y | |)18)18 | Y |
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| | Name of Employer (for Individual) | 000 | unat | ion (for Individual) | - | М | emo | o Ite | em | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pol | itical A | ction Con | nmittee (T-PA | AC) |
| Α. | Full Name of Individual (Last, First, Middle Initial) Martin, Sean, D, , | or Full C | organization Na | ame | Date of Receipt |
| | Mailing Address Building 1 Suite 255 4000 Kruse Way Pl City | State | Zip Code | | 08 31 2018 Transaction ID : A2018-1908464 |
| | Lake Oswego | OR | 97035 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 53.37 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Ind m Center VP | dividual) | Memo Item |
| | Receipt For: A Primary General Other (specify) ▼ | ggregate | Year-to-Date | 949.78 |] |
| в. | Full Name of Individual (Last, First, Middle Initial) Mastrianni, Mark, A, , | or Full C | rganization Na | ame | Date of Receipt |
| | Mailing Address One Tower Square | | | | M M / D D / Y |
| | City Hartford | State CT | Zip Code 06183 | | Transaction ID : A2018-1652921 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 45.19 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for In National Distrik | , | Memo Item |
| | Receipt For: A Primary General Other (specify) ▼ | ggregate | Year-to-Date | 723.04 |] |
| | Full Name of Individual (Last, First, Middle Initial) Mastrianni, Mark, A, , | or Full C | organization Na | ame | Date of Receipt |
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| | EWIZED RECEIPTS | | | Detailed Summary Page | × | 11a | | 11 | lb | 11c | | 12 | _ |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | Cti | on Committee (1-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Mastrianni, Mark, A, , | al) or Full O | rgai | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | ^M 08 | / | Ľ | D D 31 | 1 | | 018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | | tion (for Individual) onal Distribution | | M | emo | o Ite | em | | | | |
| | Receipt For: | | | ur-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | - | 813.42 | | | | | | | | | |
| B . | Full Name of Individual (Last, First, Middle Initia McBrien, Peter, J, , | al) or Full O | rga | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | _ | 03 | / | Y Y 20 |) 018 | Ŷ |
| | City | State | | Zip Code | | Trans | acti | ion | ID : / | A2018- | 1652 | 922 | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | - | | - 7 | | 38.4 | 46 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) erating Model | | M | emo | o Ite | em | | | | |
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| | Other (specify) ▼ | | , | 615.36 | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia McBrien, Peter, J, , | al) or Full O | rga | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | | D D 17 | 1 | | 018 [°] | Y |
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| | Name of Employer (for Individual) | Осси | upat | tion (for Individual) | - | M | emo | o It | em | | | | |
| | Travelers Indemnity Co | VP (| Эре | rating Model | | | | | | | | | |
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| | Other (specify) | | - | 653.82 | | | | | | | | | |
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| | | | 13 14 15 16 15 erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) | | | | | | | | |
| Full Name of Individual (Last, First, Mi McBrien, Peter, J, , | ddle Initial) or Full O | rganization Name | Data of Dessirat | | | | | | | | |
| A. McBrien, Peter, J, , Mailing Address One Tower Square | | | Date of Receipt | | | | | | | | |
| | | | 08 31 2018 | | | | | | | | |
| City | State CT | Zip Code | Transaction ID : A2018-1908536 | | | | | | | | |
| Hartford | | 06183 | Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 38.46 | | | | | | | | |
| Name of Employer (for Individual) | Осси | upation (for Individual) | Memo Item | | | | | | | | |
| Travelers Indemnity Co | VP (| Operating Model | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Other (specify) ▼ | | 692.28 |] | | | | | | | | |
| Full Name of Individual (Last, First, Mi | ddle Initial) or Full O | rganization Name | | | | | | | | | |
| B. McCormack, Karen, A, , | | | Date of Receipt | | | | | | | | |
| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 2018 | | | | | | | | |
| City Hartford | State | Zip Code 06183 | Transaction ID : A2018-1652923 | | | | | | | | |
| | | 00103 | Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 16.66 | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Complex Clm Liab Spec | Memo Item | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | |
| Primary General Other (specify) ▼ | | , 249.90 | 1 | | | | | | | | |
| Full Name of Individual (Last, First, Micc. McCormack, Karen, A, , | ddle Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | |
| Mailing Address One Tower Square | | | 08 17 2018 | | | | | | | | |
| City | State | Zip Code | Transaction ID : A2018-1866718 | | | | | | | | |
| Hartford | СТ | 06183 | Amount of Each Receipt this Period | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Complex Clm Liab Spec | Memo Item | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 266.56 | 1 | | | | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia McCrudden, Daniel, J, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | 08 | 1 | 03 | / Y | 2018 | | 1 |
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| | Name of Employer (for Individual) | Occu | upation (for Individual) | | M | emo | Item | | | | |
| | Travelers Indemnity Co | VP F | Product | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 681.60 | | | | | | | | |
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| | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name | | | | | | | | |
| Β. | McCrudden, Daniel, J, , | | | | Date of | Re | ceipt | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Product | | M | emo | Item | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 724.20 | | | | | | | | |
| _ | Full Name of Individual (Last, First, Middle Initia McCrudden, Daniel, J, , | al) or Full O | rganization Name | | Data af | De | int | | | | |
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| | Name of Employer (for Individual) | | upation (for Individual) | | M | emo | Item | | | | |
| | Travelers Indemnity Co Receipt For: | | Product | | | | | | | | |
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| | Other (specify) | | 766.80 | | | | | | | | |
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| | y information copied from such Reports and State for commercial purposes, other than using the na | | | | | | | | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | ction Committee (T | -PA | C) | | | | | | | | | | | | |
| ۹. | Full Name of Individual (Last, First, Middle Initial) McDonald, Andrew, M, , |) or Full O | rganization Name | | [| Date of | Re | ece | ipt | | | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | l | D D D 03 |) | / Y | ү ү 2018 | Y | | | | |
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| | Receipt For: Ø Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1066.55 | | | | | | | | | | | | | | |
| З. | Full Name of Individual (Last, First, Middle Initial) McDonald, Andrew, M, , |) or Full O | rganization Name | | Date of Receipt | | | | | | | | | | | | |
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| <u> </u> | Full Name of Individual (Last, First, Middle Initial) McDonald, Andrew, M, , |) or Full O | rganization Name | | | Date of | Re | ece | ipt | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Poli | itical A | ctio | on Committee (T-PA | AC) | | | | | | | | | | | |
| ۹. | Full Name of Individual (Last, First, Middle Initial) McPadden, Michael, C, , | or Full O | rgan | ization Name | | Date of | Re | ece | ipt | | | | | | | |
| | Mailing Address 99 Lamberton Road | | | | | м м 08 | 1 | l | D D D D | | / Y | у у 2018 | Y | | | |
| | City Windsor | State CT | | Zip Code 06095 | A | | | | | | | 5 52929 s Period | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | on (for Individual) im Product Management | | Me | emo | b It | em | | | | | | | |
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| З. | Full Name of Individual (Last, First, Middle Initial) McPadden, Michael, C, , | or Full O | rgan | ization Name | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 99 Lamberton Road | | | | | м м 08 | / | ľ | D D 17 | | / Y | y y 2018 | Y | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | on (for Individual) im Product Management | | Me | emo | b It | em | | | | | | | |
| | Receipt For: A(Primary General Other (specify) ▼ | ggregate | Year | -to-Date ▼ 604.86 | | | | | | | | | | | | |
| . | Full Name of Individual (Last, First, Middle Initial) McPadden, Michael, C, , | or Full O | rgan | ization Name | | Date of | Re | ece | ipt | | | | | | | |
| | Mailing Address 99 Lamberton Road | | | | | м м 08 | / | ľ | D D 31 | | / Y | y y 2018 | Y | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | on (for Individual) m Product Management | | M | emo | o li | em | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | _ | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia McPhee, Scott, , , | al) or Full O | rgar | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | Е | 03 |] ′ [| | 018 | Y |
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| | Mailing Address One Tower Square | | | | | M M 08 | / | Γ | D D D 17 | | 20 | 018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) d Sr Actuary | | M | emo | o Ite | em | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 624.41 | 1 | | | | | | | | |
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| angle The Travelers Companies I | nc. Political A | ction Committee (1-P | AC) |
| Full Name of Individual (Last, First, Mide McPherson, David, G, , | dle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address 4650 Westway Park Blv | d | | 08 03 2018 |
| City Houston | State TX | Zip Code 77041 | Transaction ID : A2018-1653071 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 30.65 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Field Operations | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 490.40 | |
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| Mailing Address 4650 Westway Park Blv | | | 08 / D D / Y Y Y Y Y 2018 |
| City Houston | State TX | Zip Code 77041 | Transaction ID : A2018-1866574 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Field Operations | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 521.05 | |
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| Mailing Address 4650 Westway Park Blv | | | M M / D D / Y |
| City Houston | State TX | Zip Code 77041 | Transaction ID : A2018-1908602 Amount of Each Receipt this Period |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. F | Political A | ction Committee (1-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Melillo, Lisa, M, , | ial) or Full O | rganization Name | | Date of | Re | eceij | pt | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) up General Counsel | | Me | emo |) Ite | em | | | |
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| | Primary General Other (specify) ▼ | | 750.00 | | | | | | | | |
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| | Mailing Address One Tower Square | | | | м м 08 | / | | 17 | / Y | 2018 | Y |
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| \backslash | NAME OF COMMITTEE (In Full) | - | | • • • | | | | | | | |
| / | The Travelers Companies Inc. I | Political A | ction Committee (T-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Miletti, John, , , | tial) or Full O | rganization Name | [| Date of | f Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D 17 | | / Y | y y 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Counsel Gov't Relations | | M | emo | Item | | | | |
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| | Primary General Other (specify) ▼ | | 1057.22 | 1 | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Ini Miletti, John, , , | tial) or Full O | rganization Name | | Date of | f Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | 31 | | / Y | y y 2018 | Y |
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| <u>с.</u> | Full Name of Individual (Last, First, Middle Ini Miley, Robert, A, , | tial) or Full O | rganization Name | | Date of | f Re | ceipt | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \sum | The Travelers Companies Inc. F | Political A | \ctic | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Miley, Robert, A, , | ial) or Full C | Organ | ization Name | | Date of | f Re | ecei | pt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | | 17 | / Y | |)18 | Ŷ |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | on (for Individual) en Counsel-SLG | | М | emo | o Ite | em | | | | |
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| <u> </u> | Full Name of Individual (Last, First, Middle Init Mills, Timothy, W, , | ial) or Full C | Organ | ization Name | | Date of | f Re | ecei | pt | | | | |
| | Mailing Address Suite 180 6060 S Willow Drive | | | | | м м 08 | 1 | | 03 | / Y | 20 | 18 [°] | Ŷ |
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| | for commercial purposes, other than using the n | | | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | Action Committee (T- | PAC) |
| Α. | Full Name of Individual (Last, First, Middle Initial Mills, Timothy, W, , Mailing Address Suite 180 6060 S Willow Drive City | I) or Full C | Zip Code | Date of Receipt 08 / 17 / 2018 Transaction ID : A2018-1866733 |
| | Greenwood Village | CO | 80111 | Amount of Each Receipt this Period |
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| | Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | RVF | P SLG | Memo Item |
| R | Full Name of Individual (Last, First, Middle Initial Mills, Timothy, W, , | l) or Full C | Drganization Name | Date of Receipt |
| | Mailing Address Suite 180 6060 S Willow Drive City Greenwood Village | State CO | Zip Code 80111 | Mode Mode <th< td=""></th<> |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 608.68 | |
| с. | Full Name of Individual (Last, First, Middle Initial Mitchell, David, J, , | l) or Full C | Drganization Name | Date of Receipt |
| | Mailing Address Suite 250 11070 White Rock Road | | | 08 / D D / Y Y Y Y Y 2018 |
| | City Rancho Cordova | State CA | Zip Code 95670 | Transaction ID : A2018-1653096 Amount of Each Receipt this Period |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) Counsel Claim | Memo Item |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 225.00 | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \rangle | The Travelers Companies Inc. P | olitical A | ction Committee (T-PA | AC) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Mitchell, David, J, , | al) or Full O | rganization Name | | Date of | Red | ceipt | | | |
| | Mailing Address Suite 250 11070 White Rock Road | | | | м м 08 | / | D D 17 | / Y | 2018 | Y |
| | City | State | Zip Code | | Trans | actio | on ID : / | A2018-18 | 866599 | |
| | Rancho Cordova | CA | 95670 | | Amount | of I | Each Re | eceipt thi | is Period | |
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| в. | Full Name of Individual (Last, First, Middle Initia Montgomery-Baisden, Elaine, , , | al) or Full O | rganization Name | | Date of | Red | ceipt | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 03 | / Y | 2018 | Y |
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| | Primary General Other (specify) ▼ | | , 390.60 |] | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. F | Political A | ction Committee (T-P | AC) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Montville, Sandra, K, , | tial) or Full O | rganization Name | (| Date o | f Re | eceipt | | | | | | | | | |
| | Mailing Address Suite 180 | | | | MM | / | DDD | / Y | | Y | Y | | | | | |
| | City 6060 S Willow Drive | State | Zip Code | - 1 | 08 | | 03 | | 201 | - | | | | | | |
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| | Mailing Address Suite 180 6060 S Willow Drive | | | | м м 08 | / | D D 17 | / Y | 2018 | 8 8 | Y | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Init Montville, Sandra, K, , | tial) or Full O | rganization Name | | Date o | f Re | eceipt | | | | | | | | | |
| | Mailing Address Suite 180 6060 S Willow Drive | | | | 08 | / | 31 | / Y | 201 | | Y | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. I | | `````````````````````````````````````` | 4C) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Moroski, Jeffery, W, , | tial) or Full C | rganization Name | C | Date of | Re | eceip | ot | | | |
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| NAME OF COMMITTEE (In Full) | <u> </u> | | | | | | | | | | | |
| > The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) | | | | | | | | | |
| Full Name of Individual (Last, First, Mide A. Morris, John, F, , | dle Initial) or Full C | rganization Name | Date of Receipt | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Ĺ | The Travelers Companies Inc. | Political A | Ction C | ommittee (1-P | 4C) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Nelson, Eric, M, , | itial) or Full C | rganizatio | n Name | | Date o | f Re | eceipt | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | D D 31 | / Y | ү ү 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | | r Individual) erwriting Risk | | М | emc | tem | | | |
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| | Other (specify) ▼ | | | 1054.36 |] | | | | | | |
| В. | Full Name of Individual (Last, First, Middle In Nestheide, James, , , | itial) or Full C | organization | n Name | | Date o | f Re | eceipt | | | |
| | Mailing Address One Gateway Place 615 Elsinore Pl Ste 615 | | | | | м м 08 | / | 03 | / Y | 2018 | Y |
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| с. | Full Name of Individual (Last, First, Middle In Nestheide, James, , , | itial) or Full C | organization | n Name | | Date o | f Re | eceipt | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | Action Committee (T-PA | NC) |
| Α. | Full Name of Individual (Last, First, Middle Initial Nixon, Christopher, , , Mailing Address One Tower Square | l) or Full O | Organization Name | Date of Receipt |
| | City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1652950 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 87.98 |
| | Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | SVF | P Field Operations Year-to-Date ▼ 1407.68 | Memo Item |
| В. | Full Name of Individual (Last, First, Middle Initial Nixon, Christopher, , , | l) or Full O | Organization Name | Date of Receipt |
| | Mailing Address One Tower Square City Hartford | State CT | Zip Code 06183 | 08 17 2018 Transaction ID : A2018-1866745 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 87.98 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) P Field Operations | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1495.66 | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Field Operations | Memo Item |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1583.64 | |
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| $\left/ \right.$ | NAME OF COMMITTEE (In Full) | | | | <u></u> | | | | | | | | | | |
| / | The Travelers Companies Inc. P | olitical A | ction Committee | e (T-PAG | J) | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Novascone, Sarah, , , | al) or Full O | rganization Name | | | Date o | f Re | eceipt | | | | | | | |
| | Mailing Address Suite 1180 700 13th Street NW | | | |] [| м м 08 | / | 03 | / Y | 2018 | | 1 | | | |
| | City Washington | State DC | Zip Code 20005 | | | | | | A2018-1 eceipt th | | | | | | |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 123 | 34.94 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Novascone, Sarah, , , | al) or Full O | rganization Name | | | Date o | f Re | eceipt | | | | | | | |
| | Mailing Address Suite 1180 700 13th Street NW | 1 | Zip Code | | | м м 08 | / | D D 17 | / Y | y 2018 | Y |] | | | |
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| | Primary General Other (specify) ▼ | | 13 | 15.71 | | | | | | | | | | | |
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| | Mailing Address Suite 1180 700 13th Street NW | | | | | м м 08 | / | D D D 31 | / Y | 2018 | Y | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | (; , , , , , , , , , , , , , , , , , , , | | | | | | | |
| / | The Travelers Companies Inc. P | olitical A | Action Committee (1-P | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia O'Connor, John, P, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | 03 | О / Ү | 2018 | Y |
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| В. | Full Name of Individual (Last, First, Middle Initia O'Connor, John, P, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | |
| | Mailing Address One Tower Square | | | | 08 | / | 17 |) / Y | 2018 | Y |
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| | Mailing Address One Tower Square | | | | 08 N | / | D 31 | D / Y | 2018 | Y |
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| or for commercial purposes, other than using t | | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) The Travelers Companies Inc. | . Political Action Committee (T-P | PAC) |
| Full Name of Individual (Last, First, Middle A. Oconnell, Timothy, J, , Mailing Address Suite 270 940 West Port Plaza City St. Louis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | Initial) or Full Organization Name State Zip Code MO 63146 C Occupation (for Individual) Field Operations Director Aggregate Year-to-Date ▼ | Date of Receipt 08 2018 Transaction ID : A2018-1652953 Amount of Each Receipt this Period 20.00 Memo Item |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name of Individual (Last, First, Middle Oconnell, Timothy, J, , Mailing Address Suite 270 940 West Port Plaza City St. Louis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) ▼ | Initial) or Full Organization Name State Zip Code MO 63146 C Occupation (for Individual) Field Operations Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 320.00 | Date of Receipt |
| Full Name of Individual (Last, First, Middle Olivo, Maria, , , Mailing Address 485 Lexington Avenue City New York City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Travelers Indemnity Co Receipt For: Primary General Other (specify) | Initial) or Full Organization Name State Zip Code NY 10017-2630 C Occupation (for Individual) EVP StratDev & Corp Treasurer Aggregate Year-to-Date ▼ 4000.00 | Date of Receipt Mom / Dod 2018 Transaction ID : A2018-1652955 Amount of Each Receipt this Period 250.00 Memo Item |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | ction Committee (T-PA | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Olivo, Maria, , , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address 485 Lexington Avenue | | | | м м 08 | / | D D 17 |) / Y | 2018 | Y |
| | City | State | Zip Code | | Trans | act | ion ID : | A2018-1 | 866750 | |
| | New York City | NY | 10017-2630 | _ | Amount | of | Each R | leceipt th | is Period | |
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| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | |
| | Primary General Other (specify) ▼ | | 4250.00 | | | | | | | |
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| Β. | Olivo, Maria, , , | | | | Date of | Re | eceipt | | | |
| | Mailing Address 485 Lexington Avenue | 01-1- | 750 000 | | M M 08 | 1 | 31 | / Y | 2018 | Y |
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| | Primary General Other (specify) ▼ | | 4500.00 | | | | | | | |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia Pascale, Christopher, , , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 100 1000 Windward Concourse | | | | м м 08 | / | 03 | | 2018 | Y |
| | City Alpharetta | State GA | Zip Code 30005 | | | | | A2018-1 | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) n Center VP | | Me | emo | o Item | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 582.10 | | | | | | | |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | olitical A | ction Committee (T-PA | NC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Pascale, Christopher, , , | al) or Full O | rganization Name | Date | of R | eceipt | | | | | | |
| | Mailing Address Suite 100 1000 Windward Concourse | | | M O | | / D D 17 | / Y | Y Y 2018 | Y | | | |
| | City Alpharetta | State GA | Zip Code 30005 | | | tion ID : / | | | | | | |
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| | federal political committee. | C | | | | -19°- | | | 52 | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) m Center VP | | Mem | o Item | | | | | | |
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| | Other (specify) ▼ | | 619.02 | | | | | | | | | |
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| в. | Pascale, Christopher, , , Mailing Address Suite 100 | | | M | M | eceipt | / Y | Y Y | Y | | | |
| | 1000 Windward Concourse City | State | Zip Code | 0 | | 31 tion ID : A | 2018-10 | 2018 | | | | |
| | Alpharetta | GA | 30005 | | | Each Re | | | | | | |
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| | Mailing Address One Tower Square | | | м 0 | | / D D 17 | / Y | 2018 | Ŷ | | | |
| | City Hartford | State CT | Zip Code 06183 | | | tion ID : A | | | 1 | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) General Liability | | Mem | o Item | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
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| ۹. | Full Name of Individual (Last, First, Middle Initia Penn, Timothy, H, , | l) or Full O | rganization Name | | Date o | f Re | ecei | pt | | | | | | | | |
| | Mailing Address One Tower Square | | | | M M 08 | / | | 03 | / Y | ۲ 202 | 18 18 | Y | | | | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | ction Committee (T-F | PAC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Perrotta, Joseph, D, , Mailing Address Suite 210 | al) or Full O | rganization Name | | Date of | f Re | · · | _ | | | | |
| | | State | Zip Code | | 08 Trans | acti | 0 ion ID | 3 | 2018-1 | 20 |)18 9 59 | Ŷ |
| | Alpharetta FEC ID number of contributing federal political committee. | GA | 30005 | | Amoun | t of | Each | Re | ceipt th | is Pe | eriod 20.0 | 0 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Counsel Claim | | М | emo |) Item | | , | | | |
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| B. | Full Name of Individual (Last, First, Middle Initia Perrotta, Joseph, D, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | | | |
| | Mailing Address Suite 210 1000 Windward Concourse | 04-44- | 7.0.1 | | м м 08 | / | D 1 | D 7 | / Y | ү 20 | 18 18 | Ŷ |
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| с. | Full Name of Individual (Last, First, Middle Initia Peterson, Sigurd, T, , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | | | |
| | Mailing Address One Tower Square | | | | 08 ^M | / | D 0 |)3 | / Y | 20 | 18 [°] | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Product Manager I-PI | | M | emo |) Item | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | olitical A | ction Committee (T-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Peterson, Sigurd, T, , | l) or Full C | rganization Name | | Date of | Re | ceip | ot | | | |
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| υ. | Mailing Address 485 Lexington Avenue | | | | M M M | / | | | / Y | 2018 | Y |
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| | Mailing Address 485 Lexington Avenue | | | | м м 08 | / | D | D 17 | / Y | y y 2018 | Y |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. F | Political A | Action Committee (T-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Pitterle, Marissa, , , | tial) or Full C | Organization Name | | Date of | Re | eceipt | t | | | |
| | Mailing Address 385 Washington Street | | | | 08 | / | | 03 | / Y | 2018 | Y |
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| в. | Full Name of Individual (Last, First, Middle Init Pitterle, Marissa, , , | tial) or Full C | Organization Name | | Date of | Re | eceipt | t | | | |
| | Mailing Address 385 Washington Street | | | | M M 08 | / | | D 17 | / Y | 2018 | Y |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Potts, Richard, , , | al) or Full O | rganization Name | | Date of | f Re | eceipt | | | | |
| | Mailing Address 20860 N Tatum Blvd Ste 405 | | | | 08 | / | 03 | / Y | 2018 | | 1 |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | Actio | on Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Puster, Peter, , , | or Full O | Organ | ization Name | | Date o | f Re | ece | eipt | | | | |
| | Mailing Address 385 Washington Street | State | | Zin Code | | 08 | | l | 03 | | 2 | 018 | Y |
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| В. | Full Name of Individual (Last, First, Middle Initial) Puster, Peter, , , | or Full O | Drgan | ization Name | | Date o | f Re | ece | eipt | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | ction Committee (T-P/ | AC) | | | | | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Initia Queen, William, , , | | | | | | | | | | | |
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| | Mailing Address Suite 300 445 South Street | | | | м м 08 | / | D | ^р 3 | / Y | 20 ⁻ | 18 [°] | Y |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. F | Political A | ction Committee (T-P | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Quinn, Robert, J, , | tial) or Full C | rganization Name | | Date of | Re | eceipt | | | | |
| | Mailing Address Suite 300 445 South Street | | | | м м 08 | / | | 7 | / Y | үүү 2018 | Y |
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| с. | Full Name of Individual (Last, First, Middle Init Raarup, Thor, G, , | tial) or Full C | rganization Name | | Date of | Re | eceipt | | | | |
| | Mailing Address 385 Washington Street | | | | 08 | / | |)3 | / Y | 2018 Y | Y |
| | City St. Paul | State MN | Zip Code 55102 | | | | | | | 652728 | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-PA | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Raarup, Thor, G, , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
| | Mailing Address 385 Washington Street | | | | м м 08 | 1 | D D 17 |) / Y | 2018 | Y |
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| | Mailing Address One Tower Square | | | | 08 ^M | / | 03 | | 2018 | Y |
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| | Travelers Indemnity Co Receipt For: | | Consultant HR Bus. System | | | | | | | |
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| / | The Travelers Companies Inc. P | olitical A | ction Committee (T- | -PAC) | | | | | | |
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| в. | Ramalho, Sean, A, , | | | | Date of | Rec | • | _ | | |
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| | Mailing Address Suite 140 | | | | M M | / | | / Y | YY | Y |
| | 470 Friendship Road | | | | 08 | | 03 | | 2018 | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | Acti | on Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Rawlings, Stacey, , , | al) or Full O | Orgar | nization Name | [| Date of | Re | ecei | ipt | | | | |
| | Mailing Address Suite 140 | State | | Zip Code | | 08 Trans | / acti | L | 17 1 D : A | / Y 2018-1 | 20 |)18 7 69 | Y |
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| | Mailing Address Suite 140 470 Friendship Road | | | | | м м 08 | / | | 31 | / Y | ү 20 | ү 18 | Y |
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| | Mailing Address Ste 6100 9954 Mayland Dr | | | | | 08 | / | L | 03 | L | 20 | 1. Alt 1. | Y |
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| | The Travelers Companies Inc. P | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Reagin, Tammy, S, , | al) or Full C | rgar | nization Name | | Da | ite of | Re | ecei | ipt | | | | |
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| | Mailing Address 11042 Sagamore Rd NW | | | | | N | 08 | / | Γ | D D 31 | / | | 018 | Y |
| | City Pickerington | State OH | | Zip Code 43147 | | | | | | | | 8-1908 t this I | 8613 Period | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pol | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Reed, Joseph, D, , | or Full O | rgar | ization Name | | Date of | Re | ecei | ipt | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | litical A | ction Committee (T-PA | NC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Reilly, Brian, P, , |) or Full O | organization Name | D | ate of | Re | cei | pt | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| 2 | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P/ | AC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Reimer, Raymond, J, , | l) or Full O | rganization Name | Date | of R | ece | eipt | | | | |
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| 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 | | | | | ailed Summary Page | × | 11a 13 | | 11b | | 11c | 12 | 47 |
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| NAME OF COMMITTEE (In Full) The Travelers Companies In | c. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Middle A. Rizzo, Ellen, M, , | e Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 17 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866777 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 138.46 |
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| Full Name of Individual (Last, First, Middle C. Rohlfing, James, H, , | e Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address 5 Greentree Center 525 Rte 73N Ste 407 City | State | Zip Code | 08 03 2018 |
| Marlton | NJ | 08053 | Transaction ID : A2018-1652984 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 34.71 |
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| NAME OF COMMITTEE (In Full) The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mid A. Rohlfing, James, H, , | dle Initial) or Full C | organization Name | Date of Receipt |
| Mailing Address 5 Greentree Center 525 Rte 73N Ste 407 | | | 08 / Y Y Y Y 08 17 2018 |
| City Marlton | State NJ | Zip Code 08053 | Transaction ID : A2018-1866780 Amount of Each Receipt this Period |
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| Mailing Address 207 Larrabee Road | | | 08 03 2018 |
| City Westbrook | State ME | Zip Code 04092 | Transaction ID : A2018-1652985 Amount of Each Receipt this Period |
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| Travelers Indemnity Co | | Project Management | | | | | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. F | | | | | | | | | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Initi Ross, Patricia, A, , | ial) or Full O | Drgar | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | C | D D 17 | 1 | | 2018 | Y |
| | City Hartford | State CT | | Zip Code 06183 | | Trans | | - | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | | | 33.8 | 35 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) bject Management | | Me | emo | o Ite | em | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 569.22 | 1 | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initi Ross, Patricia, A, , | ial) or Full O | Drgar | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | Ľ | D D 31 | 1 | | y y 2018 | Y |
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| | FEC ID number of contributing federal political committee. | С | | | | | | - | | - | _ | 33. | 35 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) Dject Management | | Me | emo | o Ite | em | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initi Rowe, Philip, D, , | ial) or Full O | Drgar | nization Name | | Date of | Re | ecei | ipt | | | | |
| | Mailing Address Suite 130 11070 White Rock Road | | | | | 08 ^M | / | C | D D D 03 | 1 | | 2018 | Y |
| | City Rancho Cordova | State CA | | Zip Code 95670 | | Trans Amount | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | y | | , | _ | 14.0 | 62 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) ector RC | | M | emo | o It | em | | | | |
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| | NAME OF COMMITTEE (In Full) | | ····· | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Rowe, Philip, D, , | al) or Full O | rganization Name | | Date of Receipt | | | | | | | | | |
| | Mailing Address Suite 130 11070 White Rock Road | | | | м м 08 | / D | D / 17 | Y | ү ү 2018 | Y | | | | |
| | City Rancho Cordova | State CA | Zip Code 95670 | A | | | ID : A20 h Recei | | 8 66431 s Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | -7- | | | 14. | 62 | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) d Director RC | | Me | emo Ite | m | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 248.54 | 1 | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name | | | | | | | | | | | |
| Β. | Rowe, Philip, D, , Mailing Address Suite 130 | | | | Date of | · · | | V | ΥΥ | - V | | | | |
| | 11070 White Rock Road | | | | 08 | / 0 | 31 | | 2018 | T | | | | |
| | City | State | Zip Code | | Transa | action I | ID : A20 | 18-19 | 08449 | | | | | |
| | Rancho Cordova | CA | 95670 | A | Amount | of Eac | h Recei | pt this | s Period | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) d Director RC | | Me | mo Ite | m | | | | | | | |
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| | Primary General Other (specify) ▼ | | 263.16 |] | | | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle Initia Rowland, David, D, , | al) or Full O | rganization Name | | Date of | Receip | ot | | | | | | | |
| | Mailing Address 385 Washington Street | | | | м м 08 | L | 03 / | L | 2018 Y | Y | | | | |
| | City St. Paul | State MN | Zip Code 55102 | A | | | ID:A20 h Recei | | 5 2697 s Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 9 | | 9 | 100. | 00 | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Fixed Income Investments | | Me | emo Ite | m | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | • ··· · · · · · · · · · · · · · · · · · | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. Po | | | Υ. | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Rowland, David, D, , | or Full O | rga | nization Name | [| Date of | Re | ece | əipt | | | | |
| | Mailing Address 385 Washington Street | | | | | м м 08 | 1 | l | D D 17 | / | Y | ү ү 2018 | Y |
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| | St. Paul | MN | | 55102 | A | mount | t of | Ea | ach Re | ecei | pt this | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | | , | | | - | 100.0 | 00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) ted Income Investments | | M | emo | o l' | tem | | | | |
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| | Primary General Other (specify) ▼ | 33 3 3 | | 1600.00 | 1 | | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial) Russell, Douglas, K, , | or Full O | rga | nization Name | | Date of | Re | ece | əipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | ſ | D D D 03 | / | Y | Y Y 2018 | Y |
| | City | State | | Zip Code | | Trans | acti | ior | n ID : / | 420 [.] | 18-16 | 52987 | |
| | Hartford | СТ | | 06183 | A | | | | | - | | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | | | - | 153.8 | 35 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) prporate Controller | | M | emo | o l' | tem | | | | |
| | Receipt For: | Aggregate | Yea | ur-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | , | 2389.45 | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) Russell, Douglas, K, , | or Full O | rga | nization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | ľ | D D 17 | / | Y | y y 2018 | Y |
| | City | State | | Zip Code | | Trans | acti | io | n ID : / | A20 | 18-18 | 866783 | |
| | Hartford | СТ | | 06183 | A | mount | t of | Ea | ach Re | ecei | pt this | s Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | | | y | 153.8 | 35 |
| | Name of Employer (for Individual) | Occi | upat | tion (for Individual) | | M | emo | o I | ltem | | | | |
| | Travelers Indemnity Co | | • | rporate Controller | | | | | | | | | |
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| | Primary General | | | | 1 | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Politi | cal A | \cti | on Committee (T-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Russell, Douglas, K, , | Full C | Drga | nization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | 1 | | м м 08 | / | I | D D 31 |] | / Y | y y 2018 | Y |
| | | ate | | Zip Code | | Trans | acti | io | n ID : | A2 | 2018-19 | 908565 | |
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| | FEC ID number of contributing federal political committee. | | | | | | | -, | | _ | - | 153. | 85 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) prporate Controller | | M | emo | 5 I | ltem | | | | |
| | Receipt For: Agg | regate | Yea | ar-to-Date V | | | | | | | | | |
| | Primary General Other (specify) ▼ | | -7- | 2697.15 | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) or Ryczek, Ellen, S, , | Full C | Drga | nization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | I | 03 | 1 | / Y | 2018 | Y |
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| | Hartford C | т | | 06183 | A | mount | t of | Е | ach R | ec | eipt thi | s Period | |
| | FEC ID number of contributing federal political committee. | | | | | | | , | | - | -7- | 33. | 65 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) and & SI Claim Ops | | M | emo | o I | ltem | | | | |
| | Receipt For: Agg Primary General Other (specify) ▼ | regate | Yea | ar-to-Date ▼ 531.95 | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) or Ryczek, Ellen, S, , | Full C | Drga | nization Name | | Date of | Re | ece | eipt | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | Action Committee (T-PA | AC) |
| A. | Full Name of Individual (Last, First, Middle Initia Ryczek, Ellen, S, , | l) or Full C | Organization Name | Date of Receipt |
| | Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 08 31 2018 |
| | City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908566 |
| | | | 00103 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 33.65 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Bond & SI Claim Ops | Memo Item |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 599.25 |] |
| В. | Full Name of Individual (Last, First, Middle Initia Rynda, Scott, W, , | l) or Full C | Organization Name | Date of Receipt |
| | Mailing Address 385 Washington Street | | | 08 03 2018 |
| | City | State | Zip Code | Transaction ID : A2018-1652686 |
| | St. Paul | MN | 55102 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) P Corporate Tax | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 |] |
| с. | Full Name of Individual (Last, First, Middle Initia Rynda, Scott, W, , | l) or Full C | Organization Name | Date of Receipt |
| | Mailing Address 385 Washington Street | | | 08 17 2018 |
| | City | State | Zip Code | Transaction ID : A2018-1866411 |
| | St. Paul | MN | 55102 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) ? Corporate Tax | Memo Item |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | litical A | ction C | ommittee (T-P/ | AC) | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Sadler, Sharon, A, , |) or Full O | rganization | Name | C | Date of | Re | ceipt | | | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | 03 |) / | | 2018 | Y | | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | - | | | 23.8 | 35 | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Project Dire | Individual) ctor | | M | emo | Item | | | | | | | | |
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| | Other (specify) ▼ | | | 461.50 | 4 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial, Sadler, Sharon, A, , |) or Full O | rganization | Name | | Date of | Re | ceipt | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Project Dire | r Individual) ector | | M | emo | Item | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. F | Political A | ction Committee (T-F | PAC) | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Ini Sadowski, Francis, W, , | tial) or Full O | organization Name | | Date of | Re | ece | eipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | ľ | 03 | / Y | 2018 | Y |
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| | FEC ID number of contributing federal political committee. | С | | | | | - | | | 40.3 | 38 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Group General Counsel | | M | emo | o It | tem | | | |
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| | Mailing Address One Tower Square | | | | м м 08 | / | ľ | D D 17 | / Y | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Group General Counsel | | M | emo | o It | tem | | | |
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| | for commercial purposes, other than using the r | | | | | | | | | | |
| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. P | olitical A | ction (| Committee (T-PA | AC) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Sage, Robin, K, , | al) or Full O | rganizatio | on Name | [| Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | 03 | / Y | у у 2018 | Y |
| | City | State | | Code | | Trans | acti | on ID : | A2018-1 | 652992 | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | | | 21.8 | 34 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (i Complia | for Individual) nce | | M | emo | Item | | | |
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| | Primary General | | | | 11 | | | | | | |
| | Other (specify) | | -y | 345.84 | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Sage, Robin, K, , | al) or Full O | rganizatio | on Name | | Date of | Re | ceipt | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (Complia | for Individual) nce | | M | emo | Item | | | |
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| | Primary General Other (specify) v | | , | 367.68 | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initia Sage, Robin, K, , | al) or Full O | rganizatio | on Name | | Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | 31 | / Y | 2018 | Y |
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| | Primary General | | | 200.52 | 11 | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | <i>(</i> — — — — | | | | | | | | | | | |
| \sum | The Travelers Companies Inc. Po | olitical A | ction Committe | e (T-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Schug, Richard, D, , | al) or Full O | rganization Name | | C | Date of | Re | ceipt | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Actuary | | | Me | emo | Item | | | | | | | |
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| | Primary General | | | | 1 | | | | | | | | | | |
| | Other (specify) | | 21 | 86.56 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Schug, Richard, D, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address One Tower Square | | | | | M M 08 | / | D 17 | | / Y | y y 2018 | Y | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Actuary | | | Me | emo | Item | | | | | | | |
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| | Primary General Other (specify) ▼ | | 23 | 25.02 | | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initia Schug, Richard, D, , | al) or Full O | rganization Name | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | D 31 | | / Y | 2018 Y | Y | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| / | The Travelers Companies Inc. P | olitical A | ction Committee (T-P | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Schwartz, Peter, , , | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) %GrpGCCorpLit &AsstCorpSec | | Me | emo | tem | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 953.92 |] | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name | | Date of | Re | eceipt | | | |
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| NAME OF COMMITTEE (In Full) The Travelers Companies Inc | . Political A | ction Committee (T-P | AC) |
| | | | - , |
| Full Name of Individual (Last, First, Middle Scoll, Matthew, D, , | Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 03 2018 |
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| Hartford | CT | 06183 | Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Group Gen Counsel-Claim | Memo Item |
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| Primary General | | 346.79 | 1 |
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| Mailing Address One Tower Square | | | 08 17 2018 |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pe | olitical A | \cti | on Committee (T-PA | AC) | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Scudieri, Jonathan, M, , | al) or Full O | Orgar | nization Name | [| Date of | Re | ece | eipt | | | | | |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 452.15 | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initia Scudieri, Jonathan, M, , | al) or Full O | Orgar | nization Name | | Date of | Re | ece | eipt | | | | | |
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| $\Big $ | The Travelers Companies Inc. I | Political A | ction Committee (T-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Seaver, Vincent, J, , | tial) or Full O | rganization Name | | Date of | Re | ceip | ot | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | 114 1 4 | | | | | | | | | | | | | |
| / | The Travelers Companies Inc. Po | nitical A | | AC) | | | | | | | | | | | |
| ۹. | Full Name of Individual (Last, First, Middle Initial) Seminara, Nicholas, , , |) or Full O | rganization Name | | Date c | of Re | ece | ipt | | | | | | | |
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| | Other (specify) | | 2788.51 | | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) Seminara, Nicholas, , , |) or Full O | rganization Name | | Date o | of Re | ece | ipt | | | | | | | |
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| <u>с.</u> | Full Name of Individual (Last, First, Middle Initial) Seminara, Nicholas, , , |) or Full O | rganization Name | | Date o | of Re | ece | ipt | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Po | olitical A | cti | on Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Settembrino, Susan, L, , |) or Full O | rgar | nization Name | | Date of | Re | ece | eipt | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) counting | | Me | emo | o It | em | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 464.18 |] | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial Settembrino, Susan, L, , |) or Full O | rgar | nization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | [| D D 17 | 1 | Y Z | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) counting | | Me | emo | o It | em | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | r-to-Date ▼ 493.51 | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial Settembrino, Susan, L, , |) or Full O | rgar | nization Name | | Date of | Re | ece | eipt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | [| 31 | 1 | | 2018 | Y |
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| | FEC ID number of contributing federal political committee. | С | | | | | | , | | , y | | 29. | 33 |
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| | | | 13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | ation Committee (T.D. | |
| angle The Travelers Companies Inc | . Political A | Cuon Committee (1-P | 4C) |
| Full Name of Individual (Last, First, Middle A. Sexton, Peter, , , | Initial) or Full C | organization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 03 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1653005 |
| | 01 | 00103 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 67.40 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Group Gen Counsel-Claim | Memo Item |
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| Primary General | | | 1 |
| Other (specify) v | | 1078.40 | 1 |
| Full Name of Individual (Last, First, Middle B. Sexton, Peter, , , | Initial) or Full C | organization Name | Date of Receipt |
| Mailing Address One Tower Square | | | M M / D D / Y |
| City | State | Zip Code | Transaction ID : A2018-1866801 |
| Hartford | СТ | 06183 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 67.40 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) soc Group Gen Counsel-Claim | Memo Item |
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| c. Sexton, Peter, , , | - | | Date of Receipt |
| Mailing Address One Tower Square | 1 | | 08 31 Y Y Y Y Y 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908577 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) oc Group Gen Counsel-Claim | Memo Item |
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| | for commercial purposes, other than using the nar | | | | | | | | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Poli | itical A | Action Committee (T-PA | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Shasha, Todd, A, , | or Full C | Organization Name | | Date of | Re | ecei | pt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | Ľ | 03 | / Y | ү ү 2018 | Y |
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| | FEC ID number of contributing federal political committee. | C | | | | | - | | - | 27.8 | 38 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) naging Director PI Marine | | Me | emo | o Ite | əm | | | |
| | Receipt For: A | aareaate | Year-to-Date V | | | | | | | | |
| | Primary General Other (specify) ▼ | | 430.26 | | | | | | | | |
| B | Full Name of Individual (Last, First, Middle Initial) Shasha, Todd, A, , | or Full C | Organization Name | | Date of | Bo | noi | nt | | | |
| Ь. | Mailing Address One Tower Square | | | | | 110 | | pr D | / V | vv | V |
| | Maning Marcoo One Tower Square | | | | 08 | ľ | Ľ | 17 | / 1 | 2018 | ' |
| | City | State | Zip Code | | Trans | acti | ion | ID : A | 2018-1 | 866802 | |
| | Hartford | СТ | 06183 | A | mount | of | Ea | ch Re | eceipt th | nis Period | |
| | FEC ID number of contributing federal political committee. | C | | | | | - | | -95 | 27.8 | 38 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | cupation (for Individual) naging Director PI Marine | | Me | emo | o Ite | əm | | | |
| | Receipt For: A | ggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) V | | 458.14 | | | | | | | | |
| c. | Full Name of Individual (Last, First, Middle Initial) Shasha, Todd, A, , | or Full C | Organization Name | C | Date of | Re | ecei | pt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | Γ | 31 | / Y | 2018 Y | Y |
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| | Hartford | СТ | 06183 | A | mount | of | Ea | ch Re | eceipt th | nis Period | |
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| | Name of Employer (for Individual) | Occ | upation (for Individual) | \dashv | M | emo | o Ite | em | | | |
| | Travelers Indemnity Co | | naging Director PI Marine | | | | | | | | |
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| | Primary General | | 400.00 | 11 | | | | | | | |
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| $\overline{\}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | litical A | ctio | n Committee (T-PA | C) | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Shelton, Martin, K, , |) or Full O | rganiz | ation Name | | Date | e of | f Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | 1- | | | | |)8 | 1 | E | 03 | | / Y | |)18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | n (for Individual) Prod Dev&Strat | | | Me | emo | o It | em | | | | | |
| | Receipt For: | Aggregate | Year-t | o-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 901.44 | | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial Shelton, Martin, K, , |) or Full O | rganiz | ation Name | | Date | e of | f Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | | | | | М | ™ 08 | / | | D D D 17 | | / Y | 20 ⁻ | ү 18 | Y |
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| | Hartford | СТ | | 06183 | | | | | | | | eipt thi | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | - | | _ | - | | 57. | 69 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | n (for Individual) Prod Dev&Strat | | | Me | emo | o It | em | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-t | o-Date ▼ 959.13 | | | | | | | | | | | |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initial |) or Full O | rganiz | ation Name | | Date | e of | f Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | | | | | | ™ 28 | / | ſ | 31 | | / Y | 20 ⁻ | ү 18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | n (for Individual) Prod Dev&Strat | | | M | emc | o It | em | | | | | |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Poli | itical A | ١cti | on Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Simmons, Robert, P, , | or Full O | rga | nization Name | | Date | | Re | cei | pt | | | | |
| | Mailing Address Suite 300 | State | | Zip Code | _ | [™] 0 | 8 | / acti | L | 03 | 2018- | 20 |)18) 77 | Ŷ |
| | Spokane | WA | | 99201 | | | | | | | ceipt t | | | |
| | FEC ID number of contributing federal political committee. | C | _ | | | | | | - | | | | 25. | 00 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) iness Center | | | Me | emo |) Ite | em | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | ggregate | Yea | ar-to-Date ▼ 375.00 | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initial) Simmons, Robert, P, , | or Full O | Irga | nization Name | | Date | of | Re | cei | pt | | | | |
| | Mailing Address Suite 300 707 W. Main Avenue | | | | | [™] 0 | | 1 | ſ | 17 | / | 20 | ү 18 | Y |
| | City Spokane | State WA | | Zip Code 99201 | | | | | - | | 2018- ceipt t | | | |
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| | Receipt For: Ag Primary General Other (specify) ▼ | ggregate | Yea | ar-to-Date ▼ 400.00 | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) Smith, Kevin, C, , | or Full O | rga | nization Name | | Date | of | Re | cei | pt | | | | |
| | Mailing Address One Tower Square | | | 1 | | [™] 0 | | / | Ľ | 03 | | 20 | | Y |
| | City Hartford | State CT | | Zip Code 06183 | | | | | | | 42018- eceipt t | | | |
| | FEC ID number of contributing federal political committee. | C | - | | | Ē | | | y | | , | | 208.3 | 33 |
| | Name of Employer (for Individual) TCI Global Services Inc | | • | tion (for Individual) President International | | | Me | emo | o Ite | əm | | | | |
| | Receipt For: Ag Primary General Other (specify) | ggregate | Yea | ar-to-Date ▼ 3124.95 | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | 13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | ` |
| The Travelers Companies | Inc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mid A. Smith, Kevin, C, , | ddle Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 17 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866808 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 208.33 |
| Name of Employer (for Individual) TCI Global Services Inc | | upation (for Individual) 2 & President International | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3333.28 |] |
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| Mailing Address One Tower Square | | | M M / D D / Y |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1652994 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 77.88 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Fin Planning & Analysis | Memo Item |
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| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1866790 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Fin Planning & Analysis | Memo Item |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | | | 13 14 15 16 17 berson for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) The Travelers Companies I | nc. Political A | ction Committee (T-P | AC) |
| Full Name of Individual (Last, First, Mide A . Smith, Marcia, A, , | dle Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 08 31 2018 |
| City Hartford | State CT | Zip Code 06183 | Transaction ID : A2018-1908570 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Fin Planning & Analysis | Memo Item |
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| Full Name of Individual (Last, First, Mide B. Smith, Richard, L, , | dle Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address 385 Washington Street | | | M / D D / Y |
| City St. Paul | State MN | Zip Code 55102 | Transaction ID : A2018-1652682 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 76.44 |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) gl President-Field Mgmt | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1223.04 |] |
| Full Name of Individual (Last, First, Mide C. Smith, Richard, L, , | dle Initial) or Full C | rganization Name | Date of Receipt |
| Mailing Address 385 Washington Street | | | 08 / D D / Y Y Y Y 2018 |
| City St. Paul | State MN | Zip Code 55102 | Transaction ID : A2018-1866626 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) Travelers Indemnity Co Receipt For: | | upation (for Individual) I President-Field Mgmt | Memo Item |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-P/ | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Smith, Richard, L, , | al) or Full O | rganization Name | | Date of | Rece | ipt | | | |
| | Mailing Address 385 Washington Street | | | | м м 08 | 1 | D D 31 | / Y | Y Y 2018 | Y |
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| | St. Paul | MN | 55102 | A | mount | of Ea | ach Re | ceipt th | is Period | t k |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) I President-Field Mgmt | | Me | emo It | em | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 1375.92 | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initia Sokolowski, Colleen, L, , | al) or Full O | rganization Name | | Date of | Rece | ipt | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Accounting | | Me | emo It | em | | | |
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| | Primary General Other (specify) ▼ | | 434.23 | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \sum | The Travelers Companies Inc. F | | Ŷ | AC) | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Sokolowski, Colleen, L, , | tial) or Full O | rganization Name | | Date of | Re | eceip | ot | | | |
| | Mailing Address One Tower Square | | | | м м 08 | 1 | D | д 31 | / Y | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Accounting | | M | emo |) Iter | m | | | |
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| | Primary General | 00 - 0 | | | | | | | | | |
| | Other (specify) | | 489.23 | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Init Spaeth, Thomas, J, , | tial) or Full O | rganization Name | | Date of | Re | eceip | ot | | | |
| | Mailing Address 385 Washington Street | | | | м м 08 | 1 | D | 03 | / Y | 2018 | Y |
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| | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. P | olitical A | ctior | n Committee (T-PA | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Spence, Kenneth, F, , | al) or Full O | organiza | ation Name | | ate of | Re | ece | eipt | | | | |
| | Mailing Address 385 Washington Street | | | | | м м 08 | / | l | D 03 | | / Y | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | (for Individual) General Counsel | | Me | emo | b l' | tem | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to | o-Date ▼ 3538.40 | | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | n (for Individual) General Counsel | | Me | emo | b l' | tem | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to | o-Date ▼ 3759.55 | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (1-P/ | AC) | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initi Spencer, Marie, E, , | al) or Full O | rganization Name | Г | Data of | Receipt | | | |
| А. | Mailing Address 1105 Berkshire Boulevard | | | | | | D / Y | YY | Y |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Polit | tical A | ct | ion Committee (T-PA | AC) | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Strietelmeier, Michael, J, , | or Full O |)rga | nization Name | | Da | ite of | f Re | ece | ipt | | | | |
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| | The Travelers Companies Inc. Po | olitical A | ction C | Committee (T-P/ | AC) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Suda, Gerard, S, , | l) or Full O | rganizatio | n Name | | Date of | f Re | ceipt | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Operations - Middle Market | | M | emo | o It | tem | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1239.66 |] | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initia Toczydlowski, Gregory, C, , | al) or Full O | Prganization Name | | Date of | Re | ece | eipt | | | |
| | Mailing Address One Tower Square | | | | 08 ^M | / | | 03 | / Y | 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) ? & Pres Business Insurance | | M | emo | o It | tem | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | . | | | | | | | | | |
| | The Travelers Companies Inc. F | Political A | \cti | on Committee (T-PA | 4C) | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Ini Toczydlowski, Gregory, C, , | tial) or Full C | Drga | nization Name | | Date of | Re | eceip | ot | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) Pres Business Insurance | | M | emc | b Ite | m | | | | |
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| | Full Name of Individual (Last, First, Middle Ini Tomlinson, Craig, A, , | tial) or Full C | Drga | nization Name | | Date of | Re | eceip | ot | | | | |
| | Mailing Address Suite 200 7450 Arroyo Crossing Pkwy | | | | | м м 08 | 1 | D | 03 | / Y | 201 | 18 18 | Y |
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| C. | Full Name of Individual (Last, First, Middle Ini Tomlinson, Craig, A, , | tial) or Full C | Drga | nization Name | | Date of | Re | eceip | ot | | _ | | |
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| | Name of Employer (for Individual) | Occ | upa | tion (for Individual) | | Μ | emo | o Ite | em | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $\Big $ | The Travelers Companies Inc. Po | olitical A | ction Committee (T-P | AC) | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Torsiello, Anthony, S, , | l) or Full O | rganization Name | | Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | 1 | D D D 03 | / Y | ү ү 2018 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Finance | | Me | emo | Item | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 646.08 |] | | | | | | |
| | Full Name of Individual (Last, First, Middle Initia | l) or Full O | rganization Name | | | | | | | |
| D. | Torsiello, Anthony, S, , | | | | Date of | Re | · | | | |
| | Mailing Address One Tower Square | State | Zip Code | | м м 08 | / | D D 17 | / Y | 2018 | Y |
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| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
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| С. | Full Name of Individual (Last, First, Middle Initia Torsiello, Anthony, S, , | l) or Full O | rganization Name | | Date of | Re | ceipt | | | |
| | Mailing Address One Tower Square | | | | м м 08 | 1 | D D D 31 | / Y | 2018 | Y |
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| | Travelers Indemnity Co | | Finance | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Primary General | 33 - 3 | | 11 | | | | | | |
| | Other (specify) | | 726.84 | | | | | | | |
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| $\overline{\}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-PA | AC) | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initi | al) or Full O | rganization Name | | _ | | | | | | |
| Α. | Traeger, Nirmal, , , Mailing Address 385 Washington Street | | | | Date of | Red | · | | | | |
| | Maning Address 365 Washington Street | | | | 08 | 1 | 03 | / Y | 2018 | | |
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| | St. Paul | MN | 55102 | | Amount | of I | Each Re | eceipt th | is Perio | bd | |
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| | Name of Employer (for Individual) | Осси | upation (for Individual) | _ | Me | emo | Item | | | | |
| | Travelers Indemnity Co | VP I | Risk Control | | | | | | | | |
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| _ | Full Name of Individual (Last, First, Middle Initi | al) or Full O | rganization Name | | Data af | D | | | | | |
| в. | Traeger, Nirmal, , , Mailing Address 385 Washington Street | | | | Date of | Red | · | | V V | | |
| | Maning Address 385 Washington Street | | | | 08 | / | 17 | / Y | 2018 | - Y | |
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| | St. Paul | MN | 55102 | | Amount | of I | Each Re | eceipt th | is Perio | bc | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Risk Control | | Me | emo | Item | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 400.52 | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initi Traeger, Nirmal, , , | al) or Full O | rganization Name | | Date of | Ber | ceint | | | | |
| 0. | Mailing Address 385 Washington Street | | | | M = M | / | | / Y | Y Y | Y | 1.1 |
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| | City St. Paul | State MN | Zip Code 55102 | | | | on ID : / Each Re | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | о III (Т. Б. | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | Cti | on Committee (1-PA | AC) | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Traver, William, C, , | l) or Full O | rgar | nization Name | | Date of | Re | ecei | pt | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | | 03 | / Y | |) 18 | Y |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) luct Mgr I Select | | Me | emo |) Ite | em | | | | |
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| | Full Name of Individual (Last, First, Middle Initia | l) or Full O | rgar | nization Name | | | | | | | | | |
| Β. | Traver, William, C, , | | | | _ ' | Date of | Re | cei | pt | | | | |
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| | Primary General Other (specify) ▼ | | , | 367.71 | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Traver, William, C, , | l) or Full O | rgar | nization Name | | Date of | Re | cei | pt | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | | 31 | / Y | |)18 | Y |
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| | Name of Employer (for Individual) | Occi | upat | ion (for Individual) | - | M | emo | o Ite | em | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Po | olitical A | Action Committee (T-PA | AC) | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Treat, Sherry, E, , | l) or Full Oi | Organization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 180 6060 S Willow Drive | | | | M M 08 | 1 | 03 |) / Y | ү ү 2018 | Y |
| | City Greenwood Village | State CO | Zip Code 80111 | _ | | | | A2018-1 Receipt th | | |
| | FEC ID number of contributing federal political committee. | С | | | <u> </u> | | | | 14. | 66 |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Officer Comm Accts | | Me | emc | tem | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 234.56 | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initia Treat, Sherry, E, , | l) or Full Oi | Organization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 180 6060 S Willow Drive | | | | M M 08 | 1 | D 17 |) / Y | 2018 | Y |
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| C. | Full Name of Individual (Last, First, Middle Initia Treat, Sherry, E, , | l) or Full Oi | Organization Name | | Date of | Re | eceipt | | | |
| | Mailing Address Suite 180 6060 S Willow Drive | | | | 08 | / | 31 | | 2018 | Ŷ |
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| $\Big\rangle$ | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Poli | tical A | \cti | ion Committee (T-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Turcotte, Edward, A, , Mailing Address One Tower Square | or Full C |)rga | nization Name | | | ate o | | ece | ipt | | | Y | V | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) oduct | | C | М | lemo | o It | em | | | | | |
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| В. | Full Name of Individual (Last, First, Middle Initial) of Turcotte, Edward, A, , | or Full C |)rga | nization Name | | Da | ate o | f Re | ece | ipt | | | | | |
| | Mailing Address One Tower Square | | | | | N | 08 | / | ľ | D D 17 | | / Y | 2018 | | 1 |
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| NAME OF COMMITTEE (In Full) | | | | | | | | |
| The Travelers Companies Inc | c. Political A | ction Committee (T-P | AC) | | | | | |
| Full Name of Individual (Last, First, Middle Turner, Janis, I, , | Initial) or Full O | rganization Name | Date | of Re | ceipt | | | |
| Mailing Address One Tower Square | | | M 08 | | D D D 03 | / Y | ү ү 2018 | Y |
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| $\overline{\}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (1-P | AC) | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Pc | olitical A | \cti | ion Committee (T-PA | AC) | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Wait, Erin, M, , |) or Full C | Drga | nization Name | | Date | e of | Re | ecei | ipt | | | | | |
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| $\overline{)}$ | The Travelers Companies Inc. P | | | AC) | | | | | | | | | | | | |
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| $\Big $ | The Travelers Companies Inc. | Political A | ction Committee (T-P | AC) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In West, Marilyn, T, , | itial) or Full O | rganization Name | | Date of | Re | eceip | pt | | | | | | | | |
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| | Mailing Address 385 Washington Street | | | | м м 08 | / | D | 03 | / Y | 2018 | Y | | | | | |
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| | St. Paul | MN | 55102 | A | mount | of | Eac | ch Re | ceipt th | is Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | _ | | 9 | | y | 41.3 | 35 | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Actuary | | M | emo | o Ite | em | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | | | | | |
| | Primary General Other (specify) | | 661.60 |] | | | | | | | | | | | | |
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| or | for commercial purposes, other than using the na | ame and a | ddress of any political committee | e to se | olicit co | ntrib | outio | ons fr | om such | n co | mmitt | e. | |
| \backslash | NAME OF COMMITTEE (In Full) | 1.4 1. 4 | ation Operatives (T.D. | | | | | | | | | | |
| | The Travelers Companies Inc. Po | nitical A | | 4C) | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Westermeyer, Christopher, J, , |) or Full O | rganization Name | | Date o | f Re | ecei | ipt | | | | | |
| | Mailing Address 385 Washington Street | | | | 08 | / | | D D 17 | / Y | |)18 | Y | |
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| | FEC ID number of contributing federal political committee. | С | | | | | - | | | | 41.3 | 5 | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Actuary | | М | emc | o Ite | em | | | | | |
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| | Primary General | 33 - 3 | | 1 | | | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initial Westermeyer, Christopher, J, , |) or Full O | rganization Name | | Date o | f Re | ecei | ipt | | | | | |
| | Mailing Address 385 Washington Street | | | | M M 08 | | _ | 31 | / Y | ү 20 | 18 | Y | |
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| | FEC ID number of contributing federal political committee. | С | | | 41.35 | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) & Actuary | | М | emc | o Ite | em | | | | | |
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| | Primary General Other (specify) ▼ | | 744.30 |] | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initial Westrick, Glenn, E, , |) or Full O | rganization Name | | Date o | f Re | ecei | ipt | | | | | |
| | Mailing Address One Tower Square | | | | 08 M | / | | 03 | / Y | | 18 | Y | |
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| | Hartford | СТ | 06183 | | Amoun | t of | Ea | ch Re | eceipt th | is P | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | <u> </u> | | , | | . , | | 119.2 | 23 | |
| | Name of Employer (for Individual) | Осси | upation (for Individual) | | M | lemo | o Ite | em | | | | | |
| | Travelers Indemnity Co | | Government Relations | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. Pol | itical A | Act | ion Committee (T-PA | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) Westrick, Glenn, E, , | or Full C | Orga | nization Name | | Date of | Re | ece | eipt | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | 1 | l | D D 17 |] | / Y | у у 2018 | Y | | |
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| | FEC ID number of contributing federal political committee. | C | _ | | | | | , | | | - | 119.3 | 23 | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) overnment Relations | | M | emo | 5 I | ltem | | | | | | |
| | Receipt For: | ggregate | e Yea | ar-to-Date 🔻 | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | -1 | 1954.83 | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) Westrick, Glenn, E, , | or Full C | Orga | nization Name | | Date of | Re | ece | eipt | | | | | | |
| | Mailing Address One Tower Square | | | | | м м 08 | / | I | 31 | 1 | / Y | y y 2018 | Y | | |
| | City | State | | Zip Code | | Trans | acti | ioi | n ID : A | A20 | 018-19 | 08603 | | | |
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| | FEC ID number of contributing federal political committee. | C | | | | 119.23 | | | | | | | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) overnment Relations | | M | emo | o I | ltem | | | | | | |
| | Receipt For: A Primary General Other (specify) ▼ | ggregate | e Yea | ar-to-Date ▼ 2074.06 | | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) Wilhelm, Kathleen, S, , | or Full C | Orga | nization Name | | Date of | Re | ece | eipt | | | | | | |
| | Mailing Address 111 Schilling Rd | | | | | м м 08 | 1 | I | D D D 03 | 1 | / Y | y y 2018 | Y | | |
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| | Hunt Valley | MD | | 21031 | A | mount | t of | E | ach Re | ece | eipt thi | s Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | | _ | | , | | | y | 29.2 | 23 | | |
| | Name of Employer (for Individual) | Occ | cupa | tion (for Individual) | | М | emo | зI | ltem | | | | | | |
| | Travelers Indemnity Co | Reg | giona | al Dir Env Claim | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | olitical A | ction | Committee (T-P | AC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Wilhelm, Kathleen, S, , | l) or Full O | organizati | on Name | | Date of | Re | ecei | pt | | | | | | | |
| | Mailing Address 111 Schilling Rd | | | | | 08 | / | | 17 | / Y | | ү 018 | Y | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | - | | -7 | | 29.2 | 3 | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | for Individual) Env Claim | | M | emo | o Ite | əm | | | | | | | |
| | Receipt For: | Aggregate | | | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 491.14 |] | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initia Wilhelm, Kathleen, S, , | l) or Full O | Irganizati | on Name | | Date of | Re | ecei | pt | | | | | | | |
| | Mailing Address 111 Schilling Rd | | | | | M M 08 | / | _ | 31 | / Y | 20 |)18 | Y | | | |
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| | Hunt Valley | MD | 21 | 031 | | Amount of Each Receipt this Period | | | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | for Individual) Env Claim | | M | emo | o Ite | əm | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to- | Date ▼ 520.37 |] | | | | | | | | | | | |
| <u></u> | Full Name of Individual (Last, First, Middle Initia Woods, Mary, O, , | l) or Full O | Irganizati | on Name | | Date of | Re | ecei | pt | | | | | | | |
| | Mailing Address One Tower Square | | | | | 08 | / | | 03 | / Y | |)18 [°] | Ŷ | | | |
| | City | State | · · · | Code | | Trans | acti | ion | ID : / | 2018-1 | 653 | 055 | | | | |
| | Hartford | СТ | 06 | 183 | / | Amount | of | Ea | ch Re | eceipt th | nis F | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 9 | | Ţ | | 68.2 | 7 | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | | for Individual) UW Officer BI | | M | emo | o Ite | əm | | | | | | | |
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| | F COMMITTEE (In Full) | | | | | | | | | | | | | |
| > The T | ravelers Companies Inc | c. Political A | ction Committee (T-P | AC) | | | | | | | | | | |
| | e of Individual (Last, First, Middle , Mary, O, , | Initial) or Full O | rganization Name | | Date of | Becoir | ot | | | | | | | |
| | ddress One Tower Square | | | | | | | Y Y Y | Y | | | | | |
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| | number of contributing olitical committee. | C | | | Ľ. | | | 68 | .27 | | | | | |
| Name of | Employer (for Individual) | | upation (for Individual) | | Me | emo Ite | em | | | | | | | |
| Travelers Receipt F | Indemnity Co | | P & Chief UW Officer BI | | | | | | | | | | | |
| · | -or: mary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | ner (specify) v | | 1131.72 | | | | | | | | | | | |
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| | Employer (for Individual) Indemnity Co | | upation (for Individual) P & Chief UW Officer Bl | | Me | emo Ite | em | | | | | | | |
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| | mary General her (specify) v | | , 1199.99 |] | | | | | | | | | | |
| | e of Individual (Last, First, Middle t, Charles, D, , | Initial) or Full O | rganization Name | | Date of | Receip | ot | | | | | | | |
| Mailing A | ddress 385 Washington Street | | | | м м 08 | / [| 03 | 2018 Y | Y | | | | | |
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| St. Paul | | MN | 55102 | | Amount | of Ead | ch Receipt | this Period | t | | | | | |
| | number of contributing olitical committee. | С | | | Ľ. | | | 50 | .00 | | | | | |
| Name of | Employer (for Individual) | Осси | upation (for Individual) | | M | emo Ite | em | | | | | | | |
| | Indemnity Co | Hea | d of MM Business Centers | | | | | | | | | | | |
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| | | | e to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| angle The Travelers Companies Ir | nc. Political A | ction Committee (T-P | AC) | | | | | | | | | |
| Full Name of Individual (Last, First, Midd A. Wright, Charles, D, , | le Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address 385 Washington Street | | | 08 17 2018 | | | | | | | | | |
| City | State | Zip Code | Transaction ID : A2018-1866434 | | | | | | | | | |
| St. Paul | MN | 55102 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) d of MM Business Centers | Memo Item | | | | | | | | | |
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| Full Name of Individual (Last, First, Midd B. Wucherpfennig, James, A, , | le Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 2018 | | | | | | | | | |
| City | State | Zip Code | Transaction ID : A2018-1653056 | | | | | | | | | |
| Hartford | СТ | 06183 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 47.12 | | | | | | | | | |
| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Property | Memo Item | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
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| Full Name of Individual (Last, First, Midd C. Wucherpfennig, James, A, , | le Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | | |
| Mailing Address One Tower Square | | | 08 / D D / Y Y Y Y 08 17 2018 | | | | | | | | | |
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| Name of Employer (for Individual) Travelers Indemnity Co | | upation (for Individual) Property | Memo Item | | | | | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. F | Political A | \cti | on Committee (T-PA | AC) | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initi Wucherpfennig, James, A, , | ial) or Full O | Orgai | nization Name | | | | | int | | | | | | | |
| Α. | Mailing Address One Tower Square | | | | _ | Date of | r Re | | | | | | | | | |
| | Maining Address One Tower Square | | | | | 08 | | L | 31 | י / | | 018 | Y | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | - | | | _ | 47.1 | 2 | | | |
| | Name of Employer (for Individual) Travelers Indemnity Co | | • | ion (for Individual) perty | | M | emo | o Ite | em | | | | | | | |
| | Receipt For: | Aggregate | Yea | r-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | -9- | 848.16 |] | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initi Yin, Daniel, T, , | ial) or Full O | Orgai | nization Name | | Date of | Re | ecei | ipt | | | | | | | |
| | Mailing Address 485 Lexington Avenue | | | | | M M 08 | / | | 03 | / 7 | 2(|) 018 | Y | | | |
| | City | State | | Zip Code | Transaction ID : A2018-1653058 | | | | | | | | | | | |
| | New York City | NY | 10017-2630 | Amount of Each Receipt this Period | | | | | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | • | tion (for Individual) remative Investments | | M | emo | o Ite | em | | | | | | | |
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| <u></u> с. | Full Name of Individual (Last, First, Middle Initi Yin, Daniel, T, , | ial) or Full O | Orgai | nization Name | | Date of | - Re | ecei | int | | | | | | | |
| - | Mailing Address 485 Lexington Avenue | | | | | 08 08 | / | _ | D D 17 | / | | 018 [°] | Y | | | |
| | City | State | | Zip Code | | Trans | act | ion | 1D : / | A2018- | 1866 | 561 | | | | |
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| | Name of Employer (for Individual) | Occi | upat | ion (for Individual) | | Μ | emc | o It | em | | | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | The Travelers Companies Inc. P | olitical A | ction Committee (T-PA | AC) | | | | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Initia Yin, Daniel, T, , | al) or Full O | rganization Name | | Date of | Po | coint | | | | |
| Α. | Mailing Address 485 Lexington Avenue | | | | | | | / Y | - Y - Y | Y Y | |
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| | City New York City | State NY | Zip Code 10017-2630 | | | | on ID : A | | | | |
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| B. | Full Name of Individual (Last, First, Middle Initia Young, James, E, , | al) or Full O | rganization Name | | Date of | Re | ceipt | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | D D D 03 | / Y | 2018 | | 1 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $\Big\rangle$ | The Travelers Companies Inc. Po | olitical A | Actio | n Committee (T-PA | AC) | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Young, James, E, , | l) or Full O | Organiz | ation Name | | Date of | Re | ceipt | | | | | | | | |
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| B | Full Name of Individual (Last, First, Middle Initial Youngstrom, William, H, , | l) or Full O | Organiz | ation Name | | Date of | Re | ceipt | | | | | | | | |
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| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | | | 36.7 | 15 | | | | |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-t | to-Date ▼ 572.63 | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initial Youngstrom, William, H, , | l) or Full O | Organiz | ation Name | | Date of | Re | ceipt | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | otio | | | | | | | | | | | | | | |
| | The Travelers Companies Inc. Po | olitical A | Ction (| | 4C) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Youngstrom, William, H, , | al) or Full C | rganizatio | on Name | | Date of | Re | ecei | ipt | | | | | | | | |
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| | Name of Employer (for Individual) Travelers Indemnity Co | | | or Individual) oduct Management | | Me | emo | o Ite | em | | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initia Zagaski, Robert, L, , | al) or Full C | organizatio | on Name | | Date of | Re | ecei | ipt | | | | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Initia Zagaski, Robert, L, , | al) or Full C | organizatio | on Name | | Date of | Re | ecei | ipt | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| \rangle | The Travelers Companies Inc. | Political A | ction Committee (T-P | AC) | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle In Zagaski, Robert, L, , | itial) or Full C | rganization Name | | Date of Receipt | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 446.49 |] | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle In Zimmerman, Jesse, W, , | itial) or Full C | rganization Name | | Date of | Re | ceipt | | | | | | | |
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| с. | Full Name of Individual (Last, First, Middle In Zimmerman, Jesse, W, , | itial) or Full C | rganization Name | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address One Tower Square | | | | м м 08 | / | | | / Y | | Y | | | |
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| \rangle | NAME OF COMMITTEE (In Full) The Travelers Companies Inc. I | Political A | Action | Committee (T-PA | AC) | | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zimmerman, Jesse, W, , | | | | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address One Tower Square | | 08 31 2018 | | | | | | | | | | | | | | | |
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| | Full Name of Individual (Last, First, Middle Ini Zimmermann, Brenda, B, , | itial) or Full O | Organiza | tion Name | | ate of | Re | ece | eipt | | | | | | | | | |
| | Mailing Address 1301 E. Collins Boulevard | | м м 08 | 1 | ľ | 03 | | / Y | 2018 | Y | | | | | | | | |
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| | Full Name of Individual (Last, First, Middle Ini Zimmermann, Brenda, B, , | itial) or Full O | Organiza | tion Name | | ate of | Re | ece | eipt | | | | | | | | | |
| | Mailing Address 1301 E. Collins Boulevard | | | | | | | l | D D 17 | | / Y | y y 2018 | Y | | | | | |
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| | OF COMMITTEE (In Full) | | | | | | | | | | | | |
| The | Travelers Companies Inc. Po | litical Act | tion Committ | ee (| I-P | PAC) | | | | | | | |
| | ame (Last, First, Middle Initial) nds for Bruce Borders | | | | | | Date of Disbursement | | | | | | |
| Mailing | Address 7935 North State Road 59 | | 08 29 2018 | | | | | | | | | | |
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| G-201 | 8 State House 45 IN | | | 0 | 11 | н | Transaction ID : B700433 | | | | | | |
| | ate Name | | | Cate | | / | Amount of Each Disbursement this Period | | | | | | |
| | ers, Bruce, , , Sought: 🙀 House Disburse | ement For: | Ту | уре | _ | 500.00 | | | | | | | |
| Childe | Senate | Primary | General | | | | | | | | | | |
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| B. Vote | eCarbaugh.com | | | | | | Date of Disbursement | | | | | | |
| Mailing | Address 1118 Skylane Pass | | 08 / D D / Y Y Y Y 29 2018 | | | | | | | | | | |
| City | | State IN | Zip Code 46825 | | | | FEC Identification Number | | | | | | |
| Fort W Purpos | e of Disbursement | _ | C Transaction ID : B700430 | | | | | | | | | | |
| | 18 State House 81 IN | | | | | | | | | | | | |
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| | oaugh, Martin, , , Sought: 🙀 House Disburse | mont For | Туре | | | 1000.00 | | | | | | | |
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| Mailing | Address 6838 S 50 W | | | | | | M M / D D / Y | | | | | | |
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| | kill, Mike, , , Sought: House Disburse | | 1000.00 | | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | The Travelers Companies Inc. Pol | itical Act | tion Committe | e (| T-PAC | ;) | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | • | | | Data of Diskurgement | | | | | | | |
| А. | Bob Heaton for State Representat | ive Com | mittee | | | Date of Disbursement | | | | | | | |
| | Mailing Address 3255 E. Dallas Drive | | | | | 08 29 2018 | | | | | | | |
| | 5 | State IN | Zip Code | | | FEC Identification Number | | | | | | | |
| | Terre Haute Purpose of Disbursement | IIN | 47808 | | | \sim | | | | | | | |
| | G-2018 State House 46 IN | | | 0 | 11 | C Transaction ID : B700432 | | | | | | | |
| | Candidate Name | | | Cate | egory/ | Amount of Each Disbursement this Period | | | | | | | |
| | Heaton, Bob, , , | . = | | | /pe | 250.00 | | | | | | | |
| | Office Sought: X House Disburse Senate | ment For: : Primary | 2018 X General | | | 250.00 | | | | | | | |
| | President | Other (spe | | | | | | | | | | | |
| | State: IN District: 46 | | | | | Memo Item | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| в. | Matt Lehman for State Representa | ative | | | | Date of Disbursement | | | | | | | |
| | Mailing Address 663 Lehman | | | | | 08 / D D / Y Y Y Y 29 2018 | | | | | | | |
| | City | State | Zip Code | | | FEC Identification Number | | | | | | | |
| | Berne Purpose of Disbursement | IN | 46711 | | | | | | | | | | |
| | G-2018 State House 79 IN | | | 0 | 11 | С | | | | | | | |
| | Candidate Name | | L | Cate | egory/ | Transaction ID : B700429 Amount of Each Disbursement this Period | | | | | | | |
| | Lehman, Matt, , , | | | | /pe | 1000.00 | | | | | | | |
| | Office Sought: X House Disburse Senate | ment For: Primary | | | | 1000.00 | | | | | | | |
| | President | Other (spe | | | | | | | | | | | |
| | State: IN District: 79 | | | | | Memo Item | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) | = | | | | | | | | | | | |
| U. | Committee to Elect Kevin Mahan S | state Re | presentative | | | Date of Disbursement | | | | | | | |
| | Mailing Address 305 E Fairlane Drive | | | | | 08 / D D / Y Y Y Y 29 2018 | | | | | | | |
| | City | State | Zip Code | | | FEC Identification Number | | | | | | | |
| | Hartford City Purpose of Disbursement | IN | 47348 | | | | | | | | | | |
| | G-2018 State House 31 IN | | | 0 | 11 | C Transaction ID : B700431 | | | | | | | |
| | Candidate Name Mahan, Kevin, , , | | | | egory/ | Amount of Each Disbursement this Period | | | | | | | |
| | | ment For: | 2018 | 13 | /pe | 500.00 | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spe | cify) 🔻 | | | Memo Item | | | | | | | |
| _ | State: IN District: 31 | | | | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional). | | | | ····· > | 1750.00 | | | | | | | |
| т | OTAL This Period (last page this line number only | ·) | | | 🕨 | | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | | F | DR I | | | | | F | AGE | 233 OF 23 | |
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| ITEMIZED DISBURSEMENTS | | | | heck | only | one) | | 23 | | | | |
| | Detailed | Summary Page | | \mathbb{H} | 210 28a | 22 28b | | | | \vdash | 30b | |
| | ZED DISBURSEMENTS Use separate schedule(b) braze hategory in base hategory in paration copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions memorical purposes, other than using the name address of any political committee to soldic contributions from such committee. E OF COMMITTEE (in Full) Date of Disbursement D Travelers Companies Inc. Political Action Committee (T-PAC) Amme (Last, First, Middle Initia) P Address 50 S. Madison Street esvile State Z/p Code Milet President Disbursement Disbursement < | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | 11 | | | - - | | | | | | | | |
| | itical Act | | e (| I-F | PAC) |) | | | | | | |
| Full Name (Last, First, Middle Initial) A. The Mayfield Campaign | | | | | | Date of | Disb | ourser | nent | | | |
| Mailing Address 50 S. Madison Street | ailing Address 50 S. Madison Street | | | | | | | | | | | |
| City Mooresville | | | | | | FEC Id | entific | cation | Numb | er | | |
| Purpose of Disbursement | | 40130 | _ | _ | | C | | | | | - | |
| G-2018 State House 60 IN | | | 0 | 11 | | | insac | tion | D : B7 | 00435 | | |
| Candidate Name | | | | | y/ | | | | | | | |
| Office Sought: x House Disburse | ment For: | 2018 | IJ | /pe | | | | | | | 250.00 | |
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| Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| B. Raatz for Indiana State Senate Co | ommittee | | | | | Date of | Disb | ourser | nent | | | |
| Mailing Address P.O. Box 372 | | | | | | | | | | | | |
| City Centerville | | | | | | FEC Identification Number | | | | | | |
| Purpose of Disbursement | | С | | | | | | | | | | |
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| Raatz, Jeff, , , | | | | | y/ | Amount | t of E | ach l | Jisburs | emen | t this Period | |
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| Full Name (Last, First, Middle Initial) | | | | | | Data at | | | | | | |
| C. Forr for Representative Committee | Ð | | | | | | | | _ | V | | |
| Mailing Address 11944 Esty Way | | | | | | | / | | | | | |
| | | | | | | FEC Id | entific | cation | Numb | er | | |
| Carmel Purpose of Disbursement | IN | 46033 | | | _ | C | - | | | | - | |
| G-2018 State House 39 IN | | | 0 | 11 | | | insac | tion | ID : B7 | 00434 | | |
| Candidate Name | | | | | y/ | Amount | of E | ach I | Disburs | emen | t this Period | |
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| SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | | | 1000.00 | |
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