

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Travelers Companies Inc. Political Action Committee (T-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Quinn, Robert, J, ,		Date of Receipt
Mailing Address Suite 300 445 South Street		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2018"/>
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2448634
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="31.35"/>
Occupation (for Individual) Sales Director Select		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="713.78"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Quinn, Robert, J, ,		Date of Receipt
Mailing Address Suite 300 445 South Street		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2567883
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="31.35"/>
Occupation (for Individual) Sales Director Select		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="745.13"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Raarup, Thor, G, ,		Date of Receipt
Mailing Address 385 Washington Street		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2018"/>
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2390413
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="73.56"/>
Occupation (for Individual) VP Fixed Inc Portfolio Mgr		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1510.43"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="136.26"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>