

**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 197 OF 254
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rynda, Scott, W, ,		Date of Receipt
Mailing Address 385 Washington Street		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-2419560
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) SVP Corporate Tax		<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="460.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rynda, Scott, W, ,		Date of Receipt
Mailing Address 385 Washington Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-2457988
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) SVP Corporate Tax		<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="480.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sadler, Sharon, A, ,		Date of Receipt
Mailing Address One Tower Square		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-2419240
Name of Employer (for Individual) Travelers Indemnity Co		Amount of Each Receipt this Period <input type="text" value="28.08"/>
Occupation (for Individual) Sr. Project Director		<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="702.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="68.08"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>