



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Travelers Companies Inc. PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		111896.22
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	116727.04									
(c) Total Receipts (from Line 19) .....	39806.95	79537.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	156533.99	191433.99								
7. Total Disbursements (from Line 31) .....	66500.00	101400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90033.99	90033.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
The Travelers Companies Inc. PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12730.52	18920.80
(i) Itemized (use Schedule A) .....	27076.43	60616.97
(ii) Unitemized .....	39806.95	79537.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (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) .....	39806.95	79537.77
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39806.95	79537.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39806.95	79537.77

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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 (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	93000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	8400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66500.00	101400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	66500.00	101400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39806.95	79537.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39806.95	79537.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John J Albano		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165273	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation EVP Commercial Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 624.99	

Full Name (Last, First, Middle Initial) <b>B.</b> John J Albano		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166723	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation EVP Commercial Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Vincent J Armentano		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165613	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 78.13	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation SVP Claim CL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	494.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Vincent J Armentano		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-167062
City State Zip Code Hartford CT 06183	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.13
Name of Employer Travelers Indemnity Co	Occupation SVP Claim CL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.52	

Full Name (Last, First, Middle Initial) <b>B.</b> Todd Bateson		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-167029
City State Zip Code Hartford CT 06183	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 52.08
Name of Employer Travelers Indemnity Co	Occupation President Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott C Belden		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165540
City State Zip Code Hartford CT 06183	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 95.00
Name of Employer Travelers Indemnity Co	Occupation SVP Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A. Scott C Belden</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166990</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVP Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Jay S Benet</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165509</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 239.58	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Vice Chairman & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 718.74	

Full Name (Last, First, Middle Initial) <b>C. Jay S Benet</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166959</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 239.58	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Vice Chairman & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 958.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	574.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<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. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Diane D Bengston		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165458	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 104.17	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation SVP HR Gen Coml and Per Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.51	

<b>B.</b> Full Name (Last, First, Middle Initial) Diane D Bengston		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166908	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 104.17	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation SVP HR Gen Coml and Per Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.68	

<b>C.</b> Full Name (Last, First, Middle Initial) Andy F Bessette		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID:</b> A2007-165743	
City State Zip Code St. Paul MN 55102		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation EVP Chief Admin Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 51						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Andy F Bessette</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID: A2007-167192</b>	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 166.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation EVP Chief Admin Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68		

Full Name (Last, First, Middle Initial) <b>B. William Bloom</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165252</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 158.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.55		

Full Name (Last, First, Middle Initial) <b>C. William Bloom</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166702</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 162.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.73		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	487.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Brody		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165174
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 78.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Risk Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.39	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Brody		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166625
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 78.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Risk Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.52	

Full Name (Last, First, Middle Initial) <b>C.</b> Charles T Brooks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166771
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 55.21	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation CIO Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A. Frederick C Campau III</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 11440 Carmel Commons Blvd		<b>Transaction ID: A2007-165850</b>
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation RVP Comm'l Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Frederick C Campau III</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 11440 Carmel Commons Blvd		<b>Transaction ID: A2007-167299</b>
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation RVP Comm'l Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy R Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID: A2007-165409</b>
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 114.58	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	264.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy R Campbell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166859	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 114.58		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation SVP Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.32		

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela R Carpenter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166634	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 57.29		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation President Comm Accts Fld Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.16		

Full Name (Last, First, Middle Initial) <b>C.</b> James W Chapman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165189	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 117.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation President National Property		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.57		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	289.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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. PAC

Full Name (Last, First, Middle Initial) <b>A. James W Chapman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166640</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 117.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation President National Property		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.76		

Full Name (Last, First, Middle Initial) <b>B. Charles J Clarke</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165265</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 312.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 937.50		

Full Name (Last, First, Middle Initial) <b>C. Charles J Clarke</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166715</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 312.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	742.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John P Clifford Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 385 Washington Street		<b>Transaction ID:</b> A2007-165465
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 156.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Travelers Indemnity Co	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.75	

Full Name (Last, First, Middle Initial) <b>B.</b> John P Clifford Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 385 Washington Street		<b>Transaction ID:</b> A2007-166915
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 156.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Travelers Indemnity Co	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Costello		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 200 North LaSalle Street		<b>Transaction ID:</b> A2007-165650
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 82.81	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Travelers Indemnity Co	Occupation RVP Nat'l Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	395.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 51
	<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. PAC

**A.** Full Name (Last, First, Middle Initial)  
John Costello

Mailing Address 200 North LaSalle Street

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co  
Occupation: RVP Nat'l Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.24

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-167099

Amount of Each Receipt this Period  
 82.81

**B.** Full Name (Last, First, Middle Initial)  
Thomas E Coyne

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer: Law Offices Of Joseph M. Jagielski  
Occupation: Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.25

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 5 / 2 0 0 7

Transaction ID: A2007-165953

Amount of Each Receipt this Period  
 68.75

**C.** Full Name (Last, First, Middle Initial)  
Thomas E Coyne

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer: Law Offices Of Joseph M. Jagielski  
Occupation: Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-167402

Amount of Each Receipt this Period  
 68.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. William E Cunningham Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165490</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 187.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation President National Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.50	

Full Name (Last, First, Middle Initial) <b>B. William E Cunningham Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166940</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 187.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation President National Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Sean M Dalton</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 485 Lexington Avenue		<b>Transaction ID: A2007-166829</b>	
City State Zip Code New York City NY 10017		Amount of Each Receipt this Period 51.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co		Occupation VP Field Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	426.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. James M DiVirgilio</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167128</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation VP General Liability	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Paul H Eddy</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165883</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Chief Operating Officer Runoff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Paul H Eddy</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167332</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Chief Operating Officer Runoff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	262.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Irwin R Ettinger		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address Suite 400		<b>Transaction ID:</b> A2007-165495	
City New York City	State NY	Amount of Each Receipt this Period 166.67	
Zip Code 10017-2630		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01		

Full Name (Last, First, Middle Initial) <b>B.</b> Irwin R Ettinger		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address Suite 400		<b>Transaction ID:</b> A2007-166945	
City New York City	State NY	Amount of Each Receipt this Period 166.67	
Zip Code 10017-2630		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68		

Full Name (Last, First, Middle Initial) <b>C.</b> David W Findley		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165511	
City Hartford	State CT	Amount of Each Receipt this Period 93.75	
Zip Code 06183		Amount of Each Receipt this Period 93.75	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Chief Operations Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	427.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. David W Findley</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166961</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 93.75	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Chief Operations Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Clyde H Fitch Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165557</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Clyde H Fitch Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167007</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	343.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 21 / 51
	(check only one)	
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Henry L Furtick		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 3097 Satellite Boulevard		Transaction ID: A2007-167049	
City State Zip Code Duluth GA 30096	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation RVP Select		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Marlyss J Gage		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-165196	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP Prod Mgmt Unit & CUO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Marlyss J Gage		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166647	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP Prod Mgmt Unit & CUO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	312.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

A. Full Name (Last, First, Middle Initial) Elena M Gervino		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-167095	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation VP Subrogation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Robert J Giarrusso		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 3 Century Drive 3rd Floor		Transaction ID: A2007-167409	
City State Zip Code Parsippany NJ 07054		Amount of Each Receipt this Period 64.06	
FEC ID number of contributing federal political committee. C			
Name of Employer Law Offices Of Joseph M. Jagielski		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.24	

C. Full Name (Last, First, Middle Initial) F M Giuffrida		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166896	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation VP Comm Accts Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	189.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<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. PAC

**A.** Full Name (Last, First, Middle Initial)  
Lynn T Gruber

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Travelers Indemnity Co

Occupation  
VP Business Proc Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-166847

Amount of Each Receipt this Period  
62.50

**B.** Full Name (Last, First, Middle Initial)  
Rene Hernandez

Mailing Address 7840 Woodland Center

City State Zip Code  
Tampa FL 33614

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Law Offices Of Joseph M. Jagielski

Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.48

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: A2007-167405

Amount of Each Receipt this Period  
53.12

**C.** Full Name (Last, First, Middle Initial)  
William H Heyman

Mailing Address 385 Washington Street

City State Zip Code  
St. Paul MN 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Travelers Indemnity Co

Occupation  
Vice Chairman Chief Inv Offcr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
718.74

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

Transaction ID: A2007-165276

Amount of Each Receipt this Period  
239.58

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	355.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. William H Heyman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID: A2007-166726</b>	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 239.58		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman Chief Inv Offcr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.32		

Full Name (Last, First, Middle Initial) <b>B. Daniel W Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167153</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 56.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation Assoc Grp Gen Counsel-Corp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. Bruce R Jones</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165546</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation SVP & Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	365.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Bruce R Jones		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166996	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP & Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas J Joyce		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-165225	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 81.25		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP SLG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.75		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas J Joyce		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166676	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 81.25		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP SLG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	232.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jane E Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166659	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 65.63		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Product Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.52		

Full Name (Last, First, Middle Initial) <b>B.</b> Patrick J Kinney		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-167028	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 58.33		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation RVP Select		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.32		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael F Klein		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID:</b> A2007-165464	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 145.83		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation SVP Specialty		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.49		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	269.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A. Michael F Klein</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID: A2007-166914</b>	
City State Zip Code St. Paul MN 55102		Amount of Each Receipt this Period 145.83	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVP Specialty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.32	

Full Name (Last, First, Middle Initial) <b>B. Thomas M Kunkel</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165393</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 109.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation President Bond	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.11	

Full Name (Last, First, Middle Initial) <b>C. Thomas M Kunkel</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166843</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 109.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation President Bond	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	364.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph P Lacher Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165556
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP & CEO Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph P Lacher Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-167006
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP & CEO Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Elio Lagana		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-167071
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 51.04	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation VP Prem Audit/Acctg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	467.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A. Samuel Liss</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address Suite 400		<b>Transaction ID: A2007-165553</b>
City State Zip Code New York City NY 10017-2630	Amount of Each Receipt this Period 229.17	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Strategic Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.51	

Full Name (Last, First, Middle Initial) <b>B. Samuel Liss</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Suite 400		<b>Transaction ID: A2007-167003</b>
City State Zip Code New York City NY 10017-2630	Amount of Each Receipt this Period 229.17	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Strategic Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.68	

Full Name (Last, First, Middle Initial) <b>C. Katherine G Lugar</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1331 F Street NW		<b>Transaction ID: A2007-165903</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 70.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation VP Federal Gov't Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	528.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Katherine G Lugar</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 1331 F Street NW		<b>Transaction ID: A2007-167352</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 70.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Federal Gov't Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.24		

Full Name (Last, First, Middle Initial) <b>B. Terry F Lukow</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165687</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 104.17		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Surety Construction Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.51		

Full Name (Last, First, Middle Initial) <b>C. Terry F Lukow</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167136</b>	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 104.17		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Surety Construction Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	278.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Brian MacLean		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-165502	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 291.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation EVP Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.01		

Full Name (Last, First, Middle Initial) <b>B.</b> Brian MacLean		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166952	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 291.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation EVP Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.68		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert K McIlrath		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 385 Washington Street		Transaction ID: A2007-165778	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 68.75		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Fixed Income		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	652.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Robert K McIlrath		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		Transaction ID: A2007-167227	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 68.75		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation VP Fixed Income		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Glenn F McNamara		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-166724	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 59.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation Group Gen Counsel-PL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.52		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert A Miley		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		Transaction ID: A2007-167175	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 66.09		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation Group Gen Counsel-SLG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.36		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	194.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
John R Nealon

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co    Occupation: Group Gen Counsel-Coml

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 210.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 15 / 2007

Transaction ID: A2007-165658

Amount of Each Receipt this Period  
70.31

**B.** Full Name (Last, First, Middle Initial)  
John R Nealon

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co    Occupation: Group Gen Counsel-Coml

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 281.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 28 / 2007

Transaction ID: A2007-167107

Amount of Each Receipt this Period  
70.31

**C.** Full Name (Last, First, Middle Initial)  
Maria Olivo

Mailing Address Suite 400

City State Zip Code  
New York City NY 10017-2630

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co    Occupation: EVP Investor Relations

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 15 / 2007

Transaction ID: A2007-165378

Amount of Each Receipt this Period  
187.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	328.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A. Maria Olivo</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address Suite 400		<b>Transaction ID: A2007-166828</b>	
City State Zip Code New York City NY 10017-2630		Amount of Each Receipt this Period 187.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation EVP Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Bernard A Pelletier</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165538</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 70.31	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation VP and Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.93	

Full Name (Last, First, Middle Initial) <b>C. Bernard A Pelletier</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166988</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 70.31	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation VP and Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 281.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	328.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul R Ramont Mailing Address One Tower Square City State Zip Code Hartford CT 06183 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Transaction ID: A2007-166927</b> Amount of Each Receipt this Period 56.25
Name of Employer: Travelers Indemnity Co   Occupation: VP WC Prod Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Brian P Reilly Mailing Address One Tower Square City State Zip Code Hartford CT 06183 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7 <b>Transaction ID: A2007-165219</b> Amount of Each Receipt this Period 82.81
Name of Employer: Travelers Indemnity Co   Occupation: SVP Chief Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.43		

<b>C.</b> Full Name (Last, First, Middle Initial) Brian P Reilly Mailing Address One Tower Square City State Zip Code Hartford CT 06183 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Transaction ID: A2007-166670</b> Amount of Each Receipt this Period 82.81
Name of Employer: Travelers Indemnity Co   Occupation: SVP Chief Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 331.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	221.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas S Robison</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167046</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 52.08	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation Chief UW Officer National	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.32	

Full Name (Last, First, Middle Initial) <b>B. William M Rohde Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		<b>Transaction ID: A2007-167222</b>	
City State Zip Code St. Paul MN 55102		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Douglas K Russell</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165748</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVPCor Controller&Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	239.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 51		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Douglas K Russell</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-167197</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation SVPCor Controller&Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Marc E Schmittlein</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-165383</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 109.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation President Select	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.11	

Full Name (Last, First, Middle Initial) <b>C. Marc E Schmittlein</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID: A2007-166833</b>	
City State Zip Code Hartford CT 06183		Amount of Each Receipt this Period 109.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co		Occupation President Select	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	343.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard D Schug		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-165226
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 78.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP & Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.39	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard D Schug		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166677
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 78.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP & Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.52	

Full Name (Last, First, Middle Initial) <b>C.</b> Peter Schwartz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166709
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 55.21	
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Grp GenCounsel-Corp Litig	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 51
	<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. PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard L Smith Jr

Mailing Address 385 Washington Street

City State Zip Code  
St. Paul MN 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co  
Occupation: President Global Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

**Transaction ID:** A2007-165788

Amount of Each Receipt this Period  
67.19

**B.** Full Name (Last, First, Middle Initial)  
Richard L Smith Jr

Mailing Address 385 Washington Street

City State Zip Code  
St. Paul MN 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co  
Occupation: President Global Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

**Transaction ID:** A2007-167237

Amount of Each Receipt this Period  
67.19

**C.** Full Name (Last, First, Middle Initial)  
Kenneth F Spence III

Mailing Address 385 Washington Street

City State Zip Code  
St. Paul MN 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer: Travelers Indemnity Co  
Occupation: EVP General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
604.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

**Transaction ID:** A2007-165591

Amount of Each Receipt this Period  
200.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>335.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 51
	<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. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kenneth F Spence III		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		Transaction ID: A2007-167040	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 202.96		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation EVP General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68		

Full Name (Last, First, Middle Initial) <b>B.</b> Kathleen S Swendsen		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 385 Washington Street		Transaction ID: A2007-167250	
City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation Chief Administration Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Keith J Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 6060 S Willow Drive		Transaction ID: A2007-167372	
City State Zip Code Greenwood Village CO 80111	Amount of Each Receipt this Period 56.25		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Travelers Indemnity Co	Occupation RVP Agri		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	321.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Gregory C Toczydlowski

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Travelers Indemnity Co

Occupation  
SVP Product and Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.83

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID:** A2007-166679

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Sandra A Williams

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Travelers Indemnity Co

Occupation  
Assoc Group Gen Counsel-Claim

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.48

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID:** A2007-166611

Amount of Each Receipt this Period  
56.87

**C.** Full Name (Last, First, Middle Initial)  
Daniel T Yin

Mailing Address Suite 400

City State Zip Code  
New York City NY 10017-2630

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Travelers Indemnity Co

Occupation  
SVP Investment Mgr Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

**Transaction ID:** A2007-165723

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel T Yin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address Suite 400		<b>Transaction ID:</b> A2007-167172	
City State Zip Code New York City NY 10017-2630	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation SVP Investment Mgr Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Paul J Zimmerman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address One Tower Square		<b>Transaction ID:</b> A2007-166739	
City State Zip Code Hartford CT 06183	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Travelers Indemnity Co	Occupation VP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12730.52

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Sali for Congress</b>		Transaction ID: B162433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement O-2006 U.S. House 1 ID Candidate Name William T Sali Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		Transaction ID: B162434 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 3068		Amount of Each Disbursement this Period 2000.00	
City Barrington State IL Zip Code 60011	Purpose of Disbursement O-2006 U.S. House 08 IL Candidate Name Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Joe Courtney for Congress</b>		Transaction ID: B162435 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 2500.00	
City Vernon State CT Zip Code 06066	Purpose of Disbursement O-2006 U.S. House 02 CT Candidate Name Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Ellen Tauscher for Congress</b>		Transaction ID: B162436 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 422 C Street NE - Lower Level		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 10 CA		
Candidate Name Ellen O Tauscher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gillibrand for Congress</b>		Transaction ID: B162437 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 2000.00
City Hudson State NY Zip Code 12534	011 Category/ Type	
Purpose of Disbursement O-2006 U.S. House 20 NY		
Candidate Name Kirsten E Gillibrand		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	

Full Name (Last, First, Middle Initial) <b>C. The Committee to Bring Back Baron</b>		Transaction ID: B162438 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 2000.00
City Seymour State IN Zip Code 47274	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 09 IN		
Candidate Name Baron P Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Perlmutter for Congress</b>		<b>Transaction ID:</b> B162439 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 2545 Youngfield Street		Amount of Each Disbursement this Period 2000.00
City Golden State CO Zip Code 80401	011 Category/ Type	
Purpose of Disbursement O-2006 U.S. House 7 CO		
Candidate Name Ed Perlmutter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret Primary	

Full Name (Last, First, Middle Initial) <b>B. Northstar Leadership PAC</b>		<b>Transaction ID:</b> B162585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 28754		Amount of Each Disbursement this Period 4000.00
City St. Paul State MN Zip Code 55128	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Growth and Prosperity PAC</b>		<b>Transaction ID:</b> B162586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 1200 Trinity Drive Suite 300		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. McHenry for Congress</b>		<b>Transaction ID: B162587</b>	
Mailing Address P.O. Box 1406		Date of Disbursement 02 / 05 / 2007	
City Hickory	State NC	Zip Code 28603	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2008 U.S. House 10 NC		011	Category/ Type
Candidate Name Patrick McHenry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 10		

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Cmte (DSCC)</b>		<b>Transaction ID: B162588</b>	
Mailing Address P.O. Box 96047		Date of Disbursement 02 / 05 / 2007	
City Washington	State DC	Zip Code 20077	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement O-2007 National Party Cmte-Fed Acct US		011	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: DC	District: Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Cmte (NRCC)</b>		<b>Transaction ID: B162589</b>	
Mailing Address 320 First Street SE		Date of Disbursement 02 / 05 / 2007	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement O-2007 National Party Cmte-Fed Acct US		011	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: DC	District: Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>31000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Crowley for Congress</b>		<b>Transaction ID:</b> B162795 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 426 C. Street NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 07 NY		
Candidate Name Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rick Renzi for Congress</b>		<b>Transaction ID:</b> B162893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 2601		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 01 AZ		
Candidate Name Richard Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress</b>		<b>Transaction ID:</b> B162895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 7905-7905 Malcom Rd #102		Amount of Each Disbursement this Period 2500.00
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 05 MD		
Candidate Name Steny H Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID: B162896</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 3068		Amount of Each Disbursement this Period 1000.00	
City Barrington	State IL	Zip Code 60011	
Purpose of Disbursement P-2008 U.S. House 08 IL		011 Category/ Type	
Candidate Name Melissa Bean			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 08			

Full Name (Last, First, Middle Initial) <b>B. Reed Committee</b>		<b>Transaction ID: B163141</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 8628		Amount of Each Disbursement this Period 2500.00	
City Cranston	State RI	Zip Code 02920	
Purpose of Disbursement P-2008 U.S. Senate RI		011 Category/ Type	
Candidate Name Jack Reed			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District:			

Full Name (Last, First, Middle Initial) <b>C. Reed Committee</b>		<b>Transaction ID: B163142</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 8628		Amount of Each Disbursement this Period 1000.00	
City Cranston	State RI	Zip Code 02920	
Purpose of Disbursement P-2008 U.S. Senate RI		011 Category/ Type	
Candidate Name Jack Reed			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Collins for Senator</b>		<b>Transaction ID: B163143</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 1096		Amount of Each Disbursement this Period 1000.00
City Bangor State ME Zip Code 04402	Purpose of Disbursement P-2008 U.S. Senate ME Candidate Name Susan M Collins Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rangel for US Congress</b>		<b>Transaction ID: B163144</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address Manhattanville Station P.O. Box 55		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement P-2008 U.S. House 15 NY Candidate Name Charles B Rangel Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

65500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Travelers Companies Inc. PAC

Full Name (Last, First, Middle Initial)

**A.** Missouri Insurance Coalition PAC (MIC-PAC)

Mailing Address 220 Madison Street 3rd Floor

City State Zip Code  
Jefferson City MO 65101

Purpose of Disbursement  
O-2007 State PAC MO

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MO District:

Not Applicable

Transaction ID: B162794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**1000.00**

Form/Schedule: SA11A1

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.