

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 215
	<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. Political Action Committee (T-PAC)

Full Name (Last, First, Middle Initial) A. Douglas K Russell			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>8</td><td></td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-2153596			M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		1	8		2	0	1	5																
Mailing Address One Tower Square			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>4</td><td>4</td><td>2</td><td>3</td> </tr> </table>			1	4	4	2	3															
1	4	4	2	3																					
City Hartford	State CT	Zip Code 06183																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Travelers Indemnity Co		Occupation SVP Corporate Controller																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>6</td><td>7</td><td>1</td><td>8</td> </tr> </table>				2	6	7	1	8															
2	6	7	1	8																					

Full Name (Last, First, Middle Initial) B. Ellen S Ryczek			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>0</td><td>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-1979382			M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		0	4		2	0	1	5																
Mailing Address One Tower Square			Amount of Each Receipt this Period <table border="1"> <tr> <td>3</td><td>0</td><td>9</td><td>4</td> </tr> </table>			3	0	9	4																
3	0	9	4																						
City Hartford	State CT	Zip Code 06183																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Travelers Indemnity Co		Occupation 2VP Bond Claim Operations																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>5</td><td>5</td><td>2</td><td>8</td><td>2</td> </tr> </table>				5	5	2	8	2															
5	5	2	8	2																					

Full Name (Last, First, Middle Initial) C. Ellen S Ryczek			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>8</td><td></td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-2153533			M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		1	8		2	0	1	5																
Mailing Address One Tower Square			Amount of Each Receipt this Period <table border="1"> <tr> <td>3</td><td>0</td><td>9</td><td>4</td> </tr> </table>			3	0	9	4																
3	0	9	4																						
City Hartford	State CT	Zip Code 06183																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Travelers Indemnity Co		Occupation 2VP Bond Claim Operations																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>5</td><td>8</td><td>3</td><td>7</td><td>6</td> </tr> </table>				5	8	3	7	6															
5	8	3	7	6																					

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>2</td><td>0</td><td>6</td><td>1</td><td>1</td> </tr> </table>	2	0	6	1	1
2	0	6	1	1		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					