

**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 119 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert J Quinn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : A2015-1360654</b>
Mailing Address Suite 300 445 South Street		Amount of Each Receipt this Period 29.42
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Name of Employer Travelers Indemnity Co	Occupation Sales Director Select
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.46	

Full Name (Last, First, Middle Initial) <b>B. Thor G Raarup</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : A2015-1360875</b>
Mailing Address 385 Washington Street		Amount of Each Receipt this Period 63.48
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C	Name of Employer Travelers Indemnity Co	Occupation VP Fixed Inc Portfolio Mgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.92	

Full Name (Last, First, Middle Initial) <b>C. Heather L Rackliffe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : A2015-1121095</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 22.29
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C	Name of Employer Travelers Indemnity Co	Occupation Sr. Consultant HR Bus. System
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.30	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.19
<b>TOTAL</b> This Period (last page this line number only).....▶	