

**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 123 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

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)**

**A. Raymond J Reimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Tower Square  
 City Hartford State CT Zip Code 06183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Travelers Indemnity Co Occupation VP and Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : A2015-1360730**  
 Amount of Each Receipt this Period  
 250.00

**B. Karin Rhoads**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Tower Square  
 City Hartford State CT Zip Code 06183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Travelers Indemnity Co Occupation VP & Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.17

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : A2015-1121150**  
 Amount of Each Receipt this Period  
 59.13

**C. Karin Rhoads**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Tower Square  
 City Hartford State CT Zip Code 06183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Travelers Indemnity Co Occupation VP & Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 591.30

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : A2015-1360663**  
 Amount of Each Receipt this Period  
 59.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.26  
**TOTAL** This Period (last page this line number only)..... ▶