

**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 126 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Robert D Roland			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>12</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	12	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	12	/	2015									
Mailing Address One Tower Square			Transaction ID : A2015-1121185										
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>57.69</td> </tr> </table>	57.69									
57.69													
FEC ID number of contributing federal political committee. C													
Name of Employer Travelers Indemnity Co	Occupation SVP Financial Sys & Acctg Ops												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>647.28</td> </tr> </table>			647.28									
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Full Name (Last, First, Middle Initial) B. Robert D Roland			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>26</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	26	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
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Mailing Address One Tower Square			Transaction ID : A2015-1360699										
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>57.69</td> </tr> </table>	57.69									
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Full Name (Last, First, Middle Initial) C. Mark A Romatis			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>12</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	12	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	12	/	2015									
Mailing Address 207 Larrabee Road			Transaction ID : A2015-1121108										
City Westbrook	State ME	Zip Code 04092	Amount of Each Receipt this Period <table border="1"> <tr> <td>22.13</td> </tr> </table>	22.13									
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Name of Employer Travelers Indemnity Co	Occupation Mng Underwriting Dir TvEx+												
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SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>137.51</td> </tr> </table>	137.51
137.51		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	