

**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 105 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Reed, Joseph, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Tower Square
 City Hartford State CT Zip Code 06183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelers Indemnity Co Occupation (for Individual) 2VP Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : A2018-602132
 Amount of Each Receipt this Period 34.91
 Memo Item

B. Reilly, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Tower Square
 City Hartford State CT Zip Code 06183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelers Indemnity Co Occupation (for Individual) SVP and Chief Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2018
Transaction ID : A2018-384030
 Amount of Each Receipt this Period 134.62
 Memo Item

C. Reilly, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Tower Square
 City Hartford State CT Zip Code 06183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelers Indemnity Co Occupation (for Individual) SVP and Chief Auditor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 807.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2018
Transaction ID : A2018-580627
 Amount of Each Receipt this Period 134.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	304.15
TOTAL This Period (last page this line number only).....▶	