

**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 92 OF 131
	<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

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

**A. Joseph D Reed**  
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 2VP Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-586356**

Amount of Each Receipt this Period  
**32.19**

**B. Joseph D Reed**  
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 2VP Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-767209**

Amount of Each Receipt this Period  
**32.81**

**C. Brian P Reilly**  
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 SVP Chief Auditor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **888.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-586101**

Amount of Each Receipt this Period  
**126.92**

**SUBTOTAL** of Receipts This Page (optional)..... **191.92**

**TOTAL** This Period (last page this line number only).....