

**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 93 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	<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. Brian P Reilly</b>			Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : A2015-766955</b>
Mailing Address One Tower Square			Amount of Each Receipt this Period 133.08
City Hartford	State CT	Zip Code 06183	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1021.52	
Name of Employer Travelers Indemnity Co		Occupation SVP Chief Auditor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Karin Rhoads</b>			Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : A2015-586287</b>
Mailing Address One Tower Square			Amount of Each Receipt this Period 39.42
City Hartford	State CT	Zip Code 06183	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 275.94	
Name of Employer Travelers Indemnity Co		Occupation VP & Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Karin Rhoads</b>			Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : A2015-767140</b>
Mailing Address One Tower Square			Amount of Each Receipt this Period 39.42
City Hartford	State CT	Zip Code 06183	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 315.36	
Name of Employer Travelers Indemnity Co		Occupation VP & Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.92
<b>TOTAL</b> This Period (last page this line number only).....▶	