



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Travelers Companies, Inc. Political Action Committee (T-PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		160343.59
(b) Cash on Hand at Beginning of Reporting Period.....	160343.59	
(c) Total Receipts (from Line 19) .....	30805.37	30805.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	191148.96	191148.96
7. Total Disbursements (from Line 31).....	19000.00	19000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	172148.96	172148.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**The Travelers Companies, Inc. Political Action Committee (T-PAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10446.78	10446.78
(ii) Unitemized .....	20358.59	20358.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30805.37	30805.37
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30805.37	30805.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30805.37	30805.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30805.37	30805.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	19000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30805.37	30805.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30805.37	30805.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 27
	<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)**

**A. Vincent J Armentano**  
 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 Claim CL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : A2015-54883**  
 Amount of Each Receipt this Period  
 111.54

**B. Scott C Belden**  
 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 Reinsurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : A2015-54842**  
 Amount of Each Receipt this Period  
 134.62

**C. Jay S Benet**  
 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 Vice Chairman & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015  
**Transaction ID : A2015-7531**  
 Amount of Each Receipt this Period  
 288.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.62  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**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 8 OF 27
	<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. Jay S Benet**  
 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 Vice Chairman & CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **576.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : A2015-54832**  
 Amount of Each Receipt this Period  
**288.46**

**B. Diane D Bengston**  
 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 Enterprise HR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **269.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : A2015-54799**  
 Amount of Each Receipt this Period  
**134.62**

**C. Andy F Bessette**  
 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 EVP Chief Admin Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **211.54**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015  
**Transaction ID : A2015-7654**  
 Amount of Each Receipt this Period  
**211.54**

**SUBTOTAL** of Receipts This Page (optional)..... **634.62**  
**TOTAL** This Period (last page this line number only).....

**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 9 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Andy F Bessette</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54955</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 211.54
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 211.54
Name of Employer Travelers Indemnity Co	Occupation EVP Chief Admin Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.08	

Full Name (Last, First, Middle Initial) <b>B. Robert Brody</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : A2015-7338</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 208.33
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer Travelers Indemnity Co	Occupation EVP Claim	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.33	

Full Name (Last, First, Middle Initial) <b>C. Robert Brody</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54640</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 208.33
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer Travelers Indemnity Co	Occupation EVP Claim	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	628.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

Full Name (Last, First, Middle Initial) <b>A. James W Chapman</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54648</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 167.31
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation Co-PresidentFirst Party Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.62	

Full Name (Last, First, Middle Initial) <b>B. John P Clifford</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : A2015-7503</b>
Mailing Address 385 Washington Street		Amount of Each Receipt this Period 208.33
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.33	

Full Name (Last, First, Middle Initial) <b>C. John P Clifford</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54804</b>
Mailing Address 385 Washington Street		Amount of Each Receipt this Period 208.33
City St. Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Paul H Eddy</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-55020</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 111.54
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Group Gen Counsel-Intl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.08	

Full Name (Last, First, Middle Initial) <b>B. Irwin R Ettinger</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54823</b>
Mailing Address 485 Lexington Avenue		Amount of Each Receipt this Period 192.31
City New York City	State NY	Zip Code 10017-2630
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

Full Name (Last, First, Middle Initial) <b>C. Matthew S Furman</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-55067</b>
Mailing Address 485 Lexington Avenue		Amount of Each Receipt this Period 142.31
City New York City	State NY	Zip Code 10017-2630
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation SVP Corp Secretary & Grp GC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	446.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Marlyss J Gage</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>09</td> <td>/</td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	09	/	2015
M M	/	D D	/	Y Y Y Y									
01	/	09	/	2015									
Mailing Address One Tower Square			<b>Transaction ID : A2015-7350</b>										
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>208.33</td> </tr> </table>	208.33									
208.33													
FEC ID number of contributing federal political committee. C													
Name of Employer Travelers Indemnity Co	Occupation EVP & Enterprise CUO												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>208.33</td> </tr> </table>	208.33											
208.33													

Full Name (Last, First, Middle Initial) <b>B. Marlyss J Gage</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>23</td> <td>/</td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	23	/	2015
M M	/	D D	/	Y Y Y Y									
01	/	23	/	2015									
Mailing Address One Tower Square			<b>Transaction ID : A2015-54652</b>										
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>208.33</td> </tr> </table>	208.33									
208.33													
FEC ID number of contributing federal political committee. C													
Name of Employer Travelers Indemnity Co	Occupation EVP & Enterprise CUO												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>416.66</td> </tr> </table>	416.66											
416.66													

Full Name (Last, First, Middle Initial) <b>C. Scott Haniford</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>09</td> <td>/</td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	09	/	2015
M M	/	D D	/	Y Y Y Y									
01	/	09	/	2015									
Mailing Address 485 Lexington Avenue			<b>Transaction ID : A2015-7604</b>										
City New York City	State NY	Zip Code 10017-2630	Amount of Each Receipt this Period <table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00									
375.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Travelers Indemnity Co	Occupation SVP Alternative Investments												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00											
375.00													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>791.66</td> </tr> </table>	791.66
791.66		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)**

Full Name (Last, First, Middle Initial) <b>A. Scott Haniford</b>		Date of Receipt
Mailing Address 485 Lexington Avenue		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code New York City NY 10017-2630		<b>Transaction ID : A2015-54905</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="375.00"/>
Name of Employer Travelers Indemnity Co	Occupation SVP Alternative Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. William H Heyman</b>		Date of Receipt
Mailing Address 485 Lexington Avenue		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City State Zip Code New York City NY 10017-2630		<b>Transaction ID : A2015-7397</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="288.46"/>
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman Chief Inv Offcr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288.46"/>	

Full Name (Last, First, Middle Initial) <b>C. William H Heyman</b>		Date of Receipt
Mailing Address 485 Lexington Avenue		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code New York City NY 10017-2630		<b>Transaction ID : A2015-54698</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="288.46"/>
Name of Employer Travelers Indemnity Co	Occupation Vice Chairman Chief Inv Offcr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="576.92"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="951.92"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 14 OF 27
	<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)**

**A. Scott F Higgins**  
 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 SVPComm Spec Pres Comm Accts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **307.70**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : A2015-54797**  
 Amount of Each Receipt this Period **153.85**

**B. Patrick J Kinney**  
 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 EVP Field Management & COO BI  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.33**

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : A2015-7557**  
 Amount of Each Receipt this Period **208.33**

**C. Patrick J Kinney**  
 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 EVP Field Management & COO BI  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.66**

Date of Receipt **01 / 23 / 2015**  
**Transaction ID : A2015-54858**  
 Amount of Each Receipt this Period **208.33**

**SUBTOTAL** of Receipts This Page (optional)..... **570.51**  
**TOTAL** This Period (last page this line number only).....

**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 15 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Michael F Klein</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : A2015-7502</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 211.54
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Co-President BI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.54	

Full Name (Last, First, Middle Initial) <b>B. Michael F Klein</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54803</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 211.54
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP Co-President BI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.08	

Full Name (Last, First, Middle Initial) <b>C. Thomas M Kunkel</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : A2015-7456</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 208.33
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP President Bond & FP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.33	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	631.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 16 OF 27
	<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. Thomas M Kunkel**  
 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 EVP President Bond & FP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 23 / 2015  
**Transaction ID : A2015-54757**  
 Amount of Each Receipt this Period 208.33

**B. Patrick L Linehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 485 Lexington Avenue  
 City New York City State NY Zip Code 10017-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Travelers Indemnity Co Occupation VP Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.46

Date of Receipt 01 / 23 / 2015  
**Transaction ID : A2015-55075**  
 Amount of Each Receipt this Period 119.23

**C. Brian MacLean**  
 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 President and COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.77

Date of Receipt 01 / 09 / 2015  
**Transaction ID : A2015-7526**  
 Amount of Each Receipt this Period 355.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.33  
**TOTAL** This Period (last page this line number only)..... ▶

**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 17 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Brian MacLean</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2015 <b>Transaction ID : A2015-54827</b>		
Mailing Address One Tower Square			Amount of Each Receipt this Period 355.77		
City Hartford	State CT	Zip Code 06183			
FEC ID number of contributing federal political committee. C					
Name of Employer Travelers Indemnity Co		Occupation President and COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 711.54			

Full Name (Last, First, Middle Initial) <b>B. William C Malugen</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2015 <b>Transaction ID : A2015-54776</b>		
Mailing Address One Tower Square			Amount of Each Receipt this Period 192.31		
City Hartford	State CT	Zip Code 06183			
FEC ID number of contributing federal political committee. C					
Name of Employer Travelers Indemnity Co		Occupation EVP Co-President BI			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.62			

Full Name (Last, First, Middle Initial) <b>C. Maria Olivo</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2015 <b>Transaction ID : A2015-7447</b>		
Mailing Address 485 Lexington Avenue			Amount of Each Receipt this Period 230.77		
City New York City	State NY	Zip Code 10017-2630			
FEC ID number of contributing federal political committee. C					
Name of Employer Travelers Indemnity Co		Occupation EVP Strateg Dev and Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.77			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	778.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 18 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Maria Olivo</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54748</b>
Mailing Address 485 Lexington Avenue		Amount of Each Receipt this Period 230.77
City New York City	State NY	Zip Code 10017-2630
FEC ID number of contributing federal political committee. C	Name of Employer Travelers Indemnity Co	Occupation EVP Strateg Dev and Treasurer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.54	

Full Name (Last, First, Middle Initial) <b>B. Brian P Reilly</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54664</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 126.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84	

Full Name (Last, First, Middle Initial) <b>C. Ellen M Rizzo</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54654</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 125.00
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C	Name of Employer Travelers Indemnity Co	Occupation SVP CFOClaim Shared Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	482.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 19 OF 27
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Douglas K Russell</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td> <td>2</td><td>3</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	3	/	2	0	1	5																
Mailing Address One Tower Square			<b>Transaction ID : A2015-54956</b>																						
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>3</td><td>4</td><td>6</td><td>2</td> </tr> </table>			1	3	4	6	2															
1	3	4	6	2																					
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>6</td><td>9</td><td>2</td><td>4</td> </tr> </table>				2	6	9	2	4															
2	6	9	2	4																					
Name of Employer Travelers Indemnity Co		Occupation SVP Corporate Controller																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) <b>B. Marc E Schmittlein</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td> <td>0</td><td>9</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	9	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	0	9	/	2	0	1	5																
Mailing Address One Tower Square			<b>Transaction ID : A2015-7451</b>																						
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>0</td><td>8</td><td>3</td><td>3</td> </tr> </table>			2	0	8	3	3															
2	0	8	3	3																					
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>0</td><td>8</td><td>3</td><td>3</td> </tr> </table>				2	0	8	3	3															
2	0	8	3	3																					
Name of Employer Travelers Indemnity Co		Occupation EVP Co-President BI																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) <b>C. Marc E Schmittlein</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td> <td>2</td><td>3</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	3	/	2	0	1	5																
Mailing Address One Tower Square			<b>Transaction ID : A2015-54752</b>																						
City Hartford	State CT	Zip Code 06183	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>0</td><td>8</td><td>3</td><td>3</td> </tr> </table>			2	0	8	3	3															
2	0	8	3	3																					
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>4</td><td>1</td><td>6</td><td>6</td><td>6</td> </tr> </table>				4	1	6	6	6															
4	1	6	6	6																					
Name of Employer Travelers Indemnity Co		Occupation EVP Co-President BI																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>5</td><td>5</td><td>1</td><td>2</td><td>8</td> </tr> </table>	5	5	1	2	8
5	5	1	2	8		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					

**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 20 OF 27
	<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. Richard D Schug**  
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 & Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.54**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 23 / 2015**

**Transaction ID : A2015-54667**

Amount of Each Receipt this Period  
 **130.77**

**B. Nicholas Seminara**  
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 SVPGrp Gen Cnsl ClmSubroTIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **246.16**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 23 / 2015**

**Transaction ID : A2015-54844**

Amount of Each Receipt this Period  
 **123.08**

**C. Kevin C Smith**  
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 TCI Global Services Inc Occupation EVP President International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.33**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 09 / 2015**

**Transaction ID : A2015-7337**

Amount of Each Receipt this Period  
 **208.33**

**SUBTOTAL** of Receipts This Page (optional)..... **462.18**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 27 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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)**

Full Name (Last, First, Middle Initial) <b>A. Kevin C Smith</b> Mailing Address One Tower Square City State Zip Code Hartford CT 06183 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation TCI Global Services Inc EVP President International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.66	Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2015 <b>Transaction ID : A2015-54639</b> Amount of Each Receipt this Period 208.33
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Full Name (Last, First, Middle Initial) <b>B. Kenneth F Spence</b> Mailing Address 385 Washington Street City State Zip Code St. Paul MN 55102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Travelers Indemnity Co EVP General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.15	Date of Receipt M M / D D / Y Y Y Y Y 01 / 09 / 2015 <b>Transaction ID : A2015-7566</b> Amount of Each Receipt this Period 221.15
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Full Name (Last, First, Middle Initial) <b>C. Kenneth F Spence</b> Mailing Address 385 Washington Street City State Zip Code St. Paul MN 55102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Travelers Indemnity Co EVP General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.30	Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2015 <b>Transaction ID : A2015-54867</b> Amount of Each Receipt this Period 221.15
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<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	650.63
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**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 22 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

Full Name (Last, First, Middle Initial) <b>A. William A Teed</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54942</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 144.23
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation Co-PresidentFirst Party Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.46	

Full Name (Last, First, Middle Initial) <b>B. Gregory C Toczydlowski</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2015 <b>Transaction ID : A2015-7367</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 208.33
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP President - Personal Ins	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.33	

Full Name (Last, First, Middle Initial) <b>C. Gregory C Toczydlowski</b>		Date of Receipt MM / DD / YYYY 01 / 23 / 2015 <b>Transaction ID : A2015-54668</b>
Mailing Address One Tower Square		Amount of Each Receipt this Period 208.33
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		
Name of Employer Travelers Indemnity Co	Occupation EVP President - Personal Ins	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.89
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

Full Name (Last, First, Middle Initial) <b>A. Julie A Trowbridge-Dillman</b>		Date of Receipt
Mailing Address One Tower Square		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Hartford CT 06183		<b>Transaction ID : A2015-55009</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="153.85"/>
Name of Employer Travelers Indemnity Co	Occupation EVP Operations EBIA & eBus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.70"/>	

Full Name (Last, First, Middle Initial) <b>B. Glenn E Westrick</b>		Date of Receipt
Mailing Address One Tower Square		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code Hartford CT 06183		<b>Transaction ID : A2015-55066</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="105.77"/>
Name of Employer Travelers Indemnity Co	Occupation SVP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="211.54"/>	

Full Name (Last, First, Middle Initial) <b>C. Daniel T Yin</b>		Date of Receipt
Mailing Address 485 Lexington Avenue		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City State Zip Code New York City NY 10017-2630		<b>Transaction ID : A2015-54944</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="134.62"/>
Name of Employer Travelers Indemnity Co	Occupation EVP Alternative Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="269.24"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="394.24"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Deborah M Zawisza**

Full Name (Last, First, Middle Initial)  
Mailing Address One Tower Square

City Hartford	State CT	Zip Code 06183
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FEC ID number of contributing federal political committee. **C**

Name of Employer Travelers Indemnity Co	Occupation SVP Chief Information Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.24**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	23	/	2015

**Transaction ID : A2015-55073**

Amount of Each Receipt this Period  
**109.62**

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>10446.78</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Travelers Companies, Inc. Political Action Committee (T-PAC)**

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name

**Kevin McCarthy**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : B544161

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DSCC - Federal**

Mailing Address 30 Arbor Street Suite 404

City Hartford State CT Zip Code 06106

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2015

Transaction ID : B540830

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Randy Hultgren for Congress**

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement Contribution

011

Candidate Name

**Randy Hultgren**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : B543600

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Travelers Companies, Inc. Political Action Committee (T-PAC)**

Full Name (Last, First, Middle Initial)

**A. Bluegrass Committee**

Mailing Address 220 1/2 E St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : B543599

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 4201 Northview Drive Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

**Steny H Hoyer**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : B544160

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pioneer Political Action Committee**

Mailing Address 701 8th Street NW #500

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : B544159

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Travelers Companies, Inc. Political Action Committee (T-PAC)**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address 717 Princess Street 1st Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Michael Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2015

**Transaction ID : B497977**

Amount of Each Disbursement this Period

-2000.00

Voided: Original check dated 06/10/14

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-2000.00

19000.00