

**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 57 OF 86
	<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	

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. Karin Rhoads</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : A2015-511524</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		
Name of Employer Travelers Indemnity Co	Occupation VP & Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.52	

Full Name (Last, First, Middle Initial) <b>B. Ellen M Rizzo</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : A2015-356927</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 ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. Ellen M Rizzo</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : A2015-511327</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 ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	289.42
<b>TOTAL</b> This Period (last page this line number only).....▶	