

**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 159 OF 217
<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) A. Thomas S Robison		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-890230
Mailing Address One Tower Square		Amount of Each Receipt this Period 99.04
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.04
Name of Employer Travelers Indemnity Co	Occupation CUO Nat'l Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.97	

Full Name (Last, First, Middle Initial) B. Thomas S Robison		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1021754
Mailing Address One Tower Square		Amount of Each Receipt this Period 27.88
City Hartford	State CT	Zip Code 06183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.88
Name of Employer Travelers Indemnity Co	Occupation CUO Nat'l Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.85	

Full Name (Last, First, Middle Initial) C. James H Rohlfing		Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-795828
Mailing Address 5 Greentree Center 525 Rte 73N Ste 407		Amount of Each Receipt this Period 32.60
City Marlton	State NJ	Zip Code 08053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.60
Name of Employer Travelers Indemnity Co	Occupation Associate Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.50	

SUBTOTAL of Receipts This Page (optional).....▶	99.52
TOTAL This Period (last page this line number only).....▶	