

**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 137 OF 182
	<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) A. Robert D Roland			Date of Receipt
Mailing Address One Tower Square			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-1408897
Hartford	CT	06183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="57.69"/>
Name of Employer	Occupation		
Travelers Indemnity Co	SVP Financial Sys & Acctg Ops		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="762.66"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert D Roland			Date of Receipt
Mailing Address One Tower Square			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-1666518
Hartford	CT	06183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="57.69"/>
Name of Employer	Occupation		
Travelers Indemnity Co	SVP Financial Sys & Acctg Ops		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="820.35"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mark A Romatis			Date of Receipt
Mailing Address 207 Larrabee Road			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-1408819
Westbrook	ME	04092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.13"/>
Name of Employer	Occupation		
Travelers Indemnity Co	Mng Underwriting Dir TvEx+		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="309.82"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="137.51"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>