

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087159	2 Total pages filed: 528
3 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received ELECTRONICALLY FILED 07/13/2023 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square Hartford, CT 06183			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lindsay NICKNAME LAST SUFFIX Frank		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square Hartford, CT 06183		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square Hartford, CT 06183		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (860) 277-9543		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)	13 Filer ID (Ethics Commission Filers) 00087159
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 3,890.72
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 156,666.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200,444.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Lindsay Frank

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		18 Filer ID (Ethics Commission Filers) 00087159
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 156,166.61
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 500.00
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9. <input type="checkbox"/> SCHEDULE E: LOANS		\$
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/523 Rpt: 4/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$83.65
8 Principal occupation / Job title (See Instructions) VP BI Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal	Amount of Contribution (\$) \$20.00
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SCHEDULE A1

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> 6 Contributor address; City; State; Zip Code Columbus, WI 53925	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) AVP Government Relations		9 Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$132.69
Principal occupation / Job title (See Instructions) SVP Claim Business Ins		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) SVP Claim Business Ins		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$138.46
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$138.46
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/523 Rpt: 12/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$138.46
8 Principal occupation / Job title (See Instructions) SVP Claim Business Ins		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Smith, Julie <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Smith, Julie <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Field Operations		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/523 Rpt: 15/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/523 Rpt: 16/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/523 Rpt: 17/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	7 Amount of Contribution (\$) \$67.79
8 Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/523 Rpt: 18/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	7 Amount of Contribution (\$) \$67.79
8 Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/523 Rpt: 19/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	7 Amount of Contribution (\$) \$67.79
8 Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/523 Rpt: 20/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) 2VP Financial Analysis		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/523 Rpt: 21/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89113	7 Amount of Contribution (\$) \$72.12
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/523 Rpt: 22/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89113	7 Amount of Contribution (\$) \$72.12
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/523 Rpt: 23/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89113	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.19
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.19
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.19
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/523 Rpt: 24/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$45.19
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Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.19
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.19
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/523 Rpt: 25/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$47.12
8 Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Judith <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/523 Rpt: 26/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
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Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/523 Rpt: 27/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/523 Rpt: 28/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/523 Rpt: 29/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> 6 Contributor address; City; State; Zip Code Westerly, RI 02891	7 Amount of Contribution (\$) \$160.00
8 Principal occupation / Job title (See Instructions) SVP Reinsurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/523 Rpt: 30/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> 6 Contributor address; City; State; Zip Code Westerly, RI 02891	7 Amount of Contribution (\$) \$167.69
8 Principal occupation / Job title (See Instructions) SVP Reinsurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$269.23
8 Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$269.23
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$269.23
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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Nelville <hr/> 6 Contributor address; City; State; Zip Code E. Longmeadow, MA 01028	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Mgr Data Management		9 Employer (See Instructions) The St. Paul Travelers Companies Inc.
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Nelville <hr/> Contributor address; City; State; Zip Code E. Longmeadow, MA 01028	Amount of Contribution (\$) \$8.33
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/523 Rpt: 37/528
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Nelville <hr/> Contributor address; City; State; Zip Code E. Longmeadow, MA 01028	Amount of Contribution (\$) \$8.33
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Principal occupation / Job title (See Instructions) Mgr Data Management		Employer (See Instructions) The St. Paul Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/523 Rpt: 38/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Nelville <hr/> 6 Contributor address; City; State; Zip Code E. Longmeadow, MA 01028	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Mgr Data Management		9 Employer (See Instructions) The St. Paul Travelers Companies Inc.
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Nelville <hr/> Contributor address; City; State; Zip Code E. Longmeadow, MA 01028	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Mgr Data Management		Employer (See Instructions) The St. Paul Travelers Companies Inc.
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/523 Rpt: 39/528
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SCHEDULE A1

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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$140.38
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/523 Rpt: 41/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$140.38
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$140.38
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/523 Rpt: 43/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$140.38
8 Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$140.38
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/523 Rpt: 44/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$38.46
8 Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/523 Rpt: 45/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$40.38
8 Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Joshua <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Fxd Inc Sr Managing Analyst		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/523 Rpt: 46/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> 6 Contributor address; City; State; Zip Code Mendon, NY 14506	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/523 Rpt: 47/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> 6 Contributor address; City; State; Zip Code Mendon, NY 14506	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> Contributor address; City; State; Zip Code Mendon, NY 14506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/523 Rpt: 48/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, John <hr/> 6 Contributor address; City; State; Zip Code Mendon, NY 14506	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Exec Gen Adjuster- BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/523 Rpt: 49/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$37.40
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.40
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/523 Rpt: 50/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.85
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$58.27
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/523 Rpt: 51/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$58.27
8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$58.27
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$58.27
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$58.27
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$58.27
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/523 Rpt: 52/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$58.27
8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/523 Rpt: 53/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$59.42
8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/523 Rpt: 54/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP BI International		9 Employer (See Instructions) TCI Global Services Inc
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/523 Rpt: 55/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP BI International		9 Employer (See Instructions) TCI Global Services Inc
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Richard Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP BI International		Employer (See Instructions) TCI Global Services Inc
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/523 Rpt: 56/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$44.23
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/523 Rpt: 57/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$44.23
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

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Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code Lees Summit, MO 64081	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code Lees Summit, MO 64081	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coutu, Gary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/523 Rpt: 71/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
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Contributor address; City; State; Zip Code Hartford, CT 06183		
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Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$25.00
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SCHEDULE A1

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4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$25.00
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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$79.33
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$79.33
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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$108.17
8 Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.27
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Executive Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$28.37
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$28.37
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$28.37
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/523 Rpt: 85/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Event Management		Employer (See Instructions) Travelers Indemnity Co

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Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$14.42
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/523 Rpt: 99/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$115.38
8 Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
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Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$85.10
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Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$87.65
Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$87.65
Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason	7 Amount of Contribution (\$) \$153.85
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason	Amount of Contribution (\$) \$153.85
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason	Amount of Contribution (\$) \$153.85
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia	Amount of Contribution (\$) \$51.92
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia	Amount of Contribution (\$) \$51.92
Contributor address; City; State; Zip Code Hartford, CT 06183		
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8 Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Francis <hr/> Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Sr Counsel Practice Grp Ldr		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.60
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.60
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$142.31
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$142.31
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$142.31
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$31.35
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/523 Rpt: 127/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60601	7 Amount of Contribution (\$) \$31.35
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$31.35
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$31.35
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$31.35
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$32.88
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Dir Data Management		Employer (See Instructions) Travelers Indemnity Co

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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$15.00
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Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$47.12
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$30.58
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$30.58
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> 6 Contributor address; City; State; Zip Code Brookfield, WI 53005	7 Amount of Contribution (\$) \$30.58
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$30.58
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$30.58
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/523 Rpt: 141/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> 6 Contributor address; City; State; Zip Code Brookfield, WI 53005	7 Amount of Contribution (\$) \$31.25
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.48
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$15.48
8 Principal occupation / Job title (See Instructions) Director Claim Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.48
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.48
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.48
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$80.77
8 Principal occupation / Job title (See Instructions) National Accounts VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$80.77
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$80.77
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$80.77
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) National Accounts VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
8 Principal occupation / Job title (See Instructions) Underwriting Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	Amount of Contribution (\$) \$15.96
Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	Amount of Contribution (\$) \$15.96
Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	Amount of Contribution (\$) \$15.96
Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	Amount of Contribution (\$) \$15.96
Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> 6 Contributor address; City; State; Zip Code Hunt Valley, MD 21031	7 Amount of Contribution (\$) \$16.44
8 Principal occupation / Job title (See Instructions) Underwriting Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co

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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen	7 Amount of Contribution (\$) \$16.44
6 Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
8 Principal occupation / Job title (See Instructions) Underwriting Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
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8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Dale <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.04
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.04
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$39.04
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Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$28.08
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$28.08
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$28.08
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$28.08
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> 6 Contributor address; City; State; Zip Code Canandaigua, NY 14424	7 Amount of Contribution (\$) \$28.08
8 Principal occupation / Job title (See Instructions) Lead Learning Facilitator		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$28.08
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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$29.04
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/523 Rpt: 155/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher 6 Contributor address; City; State; Zip Code Canandaigua, NY 14424	7 Amount of Contribution (\$) \$29.04
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$29.04
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	Amount of Contribution (\$) \$29.04
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$15.87
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$16.44
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$22.98
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
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8 Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$35.19
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
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4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles	7 Amount of Contribution (\$) \$36.96
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$21.63
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$21.63
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$22.60
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$22.60
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.58
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/523 Rpt: 169/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin	7 Amount of Contribution (\$) \$75.58
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin	Amount of Contribution (\$) \$83.65
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin	Amount of Contribution (\$) \$83.65
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
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Contributor address; City; State; Zip Code Hartford, CT 06183		
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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$288.46
8 Principal occupation / Job title (See Instructions) Vice Chairman		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Lorrie <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$41.92
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$221.15
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Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$35.77
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/523 Rpt: 183/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60601	7 Amount of Contribution (\$) \$35.77
8 Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$35.77
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$35.77
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$35.77
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$35.77
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/523 Rpt: 184/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George	7 Amount of Contribution (\$) \$35.77
6 Contributor address; City; State; Zip Code Chicago, IL 60601		
8 Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George	Amount of Contribution (\$) \$37.31
Contributor address; City; State; Zip Code Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George	Amount of Contribution (\$) \$37.31
Contributor address; City; State; Zip Code Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George	Amount of Contribution (\$) \$37.31
Contributor address; City; State; Zip Code Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George	Amount of Contribution (\$) \$37.31
Contributor address; City; State; Zip Code Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

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4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George 6 Contributor address; City; State; Zip Code Chicago, IL 60601	7 Amount of Contribution (\$) \$37.31
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Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
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Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.38
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.38
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Kelly <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Kelly <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

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4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$38.46
8 Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/523 Rpt: 192/528
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4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$40.38
8 Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/523 Rpt: 193/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28226	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) BI Field Vice President		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$50.00
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4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	7 Amount of Contribution (\$) \$50.00
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8 Principal occupation / Job title (See Instructions) BI Field Vice President		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	Amount of Contribution (\$) \$53.85
Contributor address; City; State; Zip Code Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	Amount of Contribution (\$) \$53.85
Contributor address; City; State; Zip Code Charlotte, NC 28226		
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
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Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/523 Rpt: 197/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> 6 Contributor address; City; State; Zip Code Melville, NY 11747	7 Amount of Contribution (\$) \$26.15
8 Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code Melville, NY 11747	Amount of Contribution (\$) \$26.15
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy 6 Contributor address; City; State; Zip Code Melville, NY 11747	7 Amount of Contribution (\$) \$26.15
8 Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707	Amount of Contribution (\$) \$13.94
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707	Amount of Contribution (\$) \$13.94
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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code Casselberry, FL 32707	Amount of Contribution (\$) \$14.23
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code Casselberry, FL 32707	Amount of Contribution (\$) \$14.23
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Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$25.00
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8 Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$21.44
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$21.44
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co

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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$22.12
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$22.12
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Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/523 Rpt: 207/528
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kachel, Eric <hr/> Contributor address; City; State; Zip Code Braintree, MA 02184	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kachel, Eric <hr/> Contributor address; City; State; Zip Code Braintree, MA 02184	Amount of Contribution (\$) \$10.00
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Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kachel, Eric <hr/> Contributor address; City; State; Zip Code Braintree, MA 02184	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/523 Rpt: 211/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kachel, Eric <hr/> Contributor address; City; State; Zip Code Braintree, MA 02184	Amount of Contribution (\$) \$10.00
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Michael <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Michael <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$10.00
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SCHEDULE A1

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$182.69
8 Principal occupation / Job title (See Instructions) EVP & General Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$182.69
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$182.69
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$182.69
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

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Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/523 Rpt: 225/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$42.15
8 Principal occupation / Job title (See Instructions) VP Alternative Invesments		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$42.15
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$42.15
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$42.15
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$42.15
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/523 Rpt: 226/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$42.15
8 Principal occupation / Job title (See Instructions) VP Alternative Invesments		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$42.15
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$46.65
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$46.65
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/523 Rpt: 227/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$46.65
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$46.65
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$46.65
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$67.79
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$67.79
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SCHEDULE A1

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SCHEDULE A1

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4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$70.67
8 Principal occupation / Job title (See Instructions) VP Claim Customer Services		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co

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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kess, Avrohom <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/523 Rpt: 233/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$307.69
8 Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/523 Rpt: 234/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$307.69
8 Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/523 Rpt: 235/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$307.69
8 Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050	Amount of Contribution (\$) \$28.65
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/523 Rpt: 236/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	7 Amount of Contribution (\$) \$28.65
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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) VP Risk Control		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/523 Rpt: 239/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> 6 Contributor address; City; State; Zip Code Wyomissing, PA 19610	7 Amount of Contribution (\$) \$9.00
8 Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/523 Rpt: 240/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna 6 Contributor address; City; State; Zip Code Wyomissing, PA 19610	7 Amount of Contribution (\$) \$9.00
8 Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) 2VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/523 Rpt: 241/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/523 Rpt: 242/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
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Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/523 Rpt: 243/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/523 Rpt: 244/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP Total Rewards		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/523 Rpt: 245/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions) SVP Total Rewards		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$79.33
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/523 Rpt: 246/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	7 Amount of Contribution (\$) \$79.33
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$79.33
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$79.33
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$79.33
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$79.33
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/523 Rpt: 247/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$79.33
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 245/523 Rpt: 248/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$83.65
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 246/523 Rpt: 249/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code St. Paul, MN 55102		
8 Principal occupation / Job title (See Instructions) RVP Northland		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 247/523 Rpt: 250/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RVP Northland		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
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Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$71.97
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/523 Rpt: 251/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63146	7 Amount of Contribution (\$) \$71.97
8 Principal occupation / Job title (See Instructions) RVP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$71.97
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$71.97
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$71.97
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$71.97
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/523 Rpt: 252/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63146	7 Amount of Contribution (\$) \$71.97
8 Principal occupation / Job title (See Instructions) RVP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/523 Rpt: 253/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63146	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RVP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 251/523 Rpt: 254/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr. Project Director		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/523 Rpt: 255/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leenders, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Director		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 253/523 Rpt: 256/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/523 Rpt: 257/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/523 Rpt: 258/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 256/523 Rpt: 259/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$38.08
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/523 Rpt: 260/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$38.08
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/523 Rpt: 261/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Pittsburgh, PA 15219		
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15219		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15219		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
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Contributor address; City; State; Zip Code Pittsburgh, PA 15219		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 259/523 Rpt: 262/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15219	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15219	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15219	Amount of Contribution (\$) \$15.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15219	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15219	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$18.32
Principal occupation / Job title (See Instructions) Managing Dir Comm1 Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$18.32
Principal occupation / Job title (See Instructions) Managing Dir Comm1 Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$18.32
Principal occupation / Job title (See Instructions) Managing Dir Comm1 Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$19.52
Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 262/523 Rpt: 265/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> 6 Contributor address; City; State; Zip Code Glendale, CA 91203	7 Amount of Contribution (\$) \$19.52
8 Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$19.52
Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$19.52
Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$19.52
Principal occupation / Job title (See Instructions) Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/523 Rpt: 266/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$142.31
8 Principal occupation / Job title (See Instructions) SVP Corporate Communications		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$142.31
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$142.31
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/523 Rpt: 267/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$142.31
8 Principal occupation / Job title (See Instructions) SVP Corporate Communications		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$142.31
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$148.08
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Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$148.08
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Venus <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP UW BI		Employer (See Instructions) Travelers Indemnity Co
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Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
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4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$211.54
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Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/523 Rpt: 281/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$57.69
8 Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/523 Rpt: 282/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$57.69
8 Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 280/523 Rpt: 283/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$57.69
8 Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 281/523 Rpt: 284/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.46
8 Principal occupation / Job title (See Instructions) SVP National Markets		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 282/523 Rpt: 285/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19102	7 Amount of Contribution (\$) \$19.17
8 Principal occupation / Job title (See Instructions) 2VP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$19.17
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19102	Amount of Contribution (\$) \$20.19
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 283/523 Rpt: 286/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19102	7 Amount of Contribution (\$) \$20.19
8 Principal occupation / Job title (See Instructions) 2VP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 284/523 Rpt: 287/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28226	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Managing Dir Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Managing Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Managing Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Managing Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 285/523 Rpt: 288/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28226	7 Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/523 Rpt: 289/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Eric 6 Contributor address; City; State; Zip Code Charlotte, NC 28226	7 Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Managing Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$40.38
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Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 287/523 Rpt: 290/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$40.38
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 288/523 Rpt: 291/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$40.38
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 289/523 Rpt: 292/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> 6 Contributor address; City; State; Zip Code Hebron, CT 06248	7 Amount of Contribution (\$) \$16.66
8 Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 290/523 Rpt: 293/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> 6 Contributor address; City; State; Zip Code Hebron, CT 06248	7 Amount of Contribution (\$) \$16.66
8 Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code Hebron, CT 06248	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/523 Rpt: 294/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen	7 Amount of Contribution (\$) \$16.66
6 Contributor address; City; State; Zip Code Hebron, CT 06248		
8 Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen	Amount of Contribution (\$) \$16.66
Contributor address; City; State; Zip Code Hebron, CT 06248		
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel	Amount of Contribution (\$) \$46.54
Contributor address; City; State; Zip Code Hutchinson Island, FL 34949		
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel	Amount of Contribution (\$) \$46.54
Contributor address; City; State; Zip Code Hutchinson Island, FL 34949		
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel	Amount of Contribution (\$) \$46.54
Contributor address; City; State; Zip Code Hutchinson Island, FL 34949		
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/523 Rpt: 295/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	7 Amount of Contribution (\$) \$46.54
8 Principal occupation / Job title (See Instructions) VP Product		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$48.27
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 293/523 Rpt: 296/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	7 Amount of Contribution (\$) \$48.27
8 Principal occupation / Job title (See Instructions) VP Product		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$48.27
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$48.27
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$48.27
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrudden, Daniel <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$48.27
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> 6 Contributor address; City; State; Zip Code Windsor, CT 06095	7 Amount of Contribution (\$) \$37.88
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 295/523 Rpt: 298/528
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Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.50
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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 298/523 Rpt: 301/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.65
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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 299/523 Rpt: 302/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.65
8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 300/523 Rpt: 303/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisinger, Joseph <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 302/523 Rpt: 305/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 304/523 Rpt: 307/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$69.23
8 Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 305/523 Rpt: 308/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$69.23
8 Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$69.23
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 306/523 Rpt: 309/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$72.12
8 Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$77.00
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$77.00
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$77.00
8 Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$77.00
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Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$77.00
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$126.15
8 Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$126.15
8 Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$59.13
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$59.13
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$59.13
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
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Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$61.15
8 Principal occupation / Job title (See Instructions) RVP SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 312/523 Rpt: 315/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$86.54
8 Principal occupation / Job title (See Instructions) VP Product Manager I-PI		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$86.54
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$19.23
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/523 Rpt: 317/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra	7 Amount of Contribution (\$) \$20.10
6 Contributor address; City; State; Zip Code Centennial, CO 80112		
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra	Amount of Contribution (\$) \$20.10
Contributor address; City; State; Zip Code Centennial, CO 80112		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra	Amount of Contribution (\$) \$20.10
Contributor address; City; State; Zip Code Centennial, CO 80112		
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Contributor address; City; State; Zip Code Centennial, CO 80112		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 315/523 Rpt: 318/528
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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$20.10
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$71.15
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$71.15
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$71.15
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa	7 Amount of Contribution (\$) \$71.15
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8 Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa	Amount of Contribution (\$) \$71.15
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa	Amount of Contribution (\$) \$71.15
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroski, Jeffery <hr/> Contributor address; City; State; Zip Code Waukesha, WI 53188	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP BI Casualty UW		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 318/523 Rpt: 321/528
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Principal occupation / Job title (See Instructions) VP BI Casualty UW		Employer (See Instructions) Travelers Indemnity Co
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4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroski, Jeffery <hr/> 6 Contributor address; City; State; Zip Code Waukesha, WI 53188	7 Amount of Contribution (\$) \$45.58
8 Principal occupation / Job title (See Instructions) VP BI Casualty UW		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroski, Jeffery <hr/> Contributor address; City; State; Zip Code Waukesha, WI 53188	Amount of Contribution (\$) \$45.58
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, John <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Integrated & International Marketi		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP Integrated & International Marketi		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulroy, Lucille <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) VP Product & Underwriting		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulroy, Lucille <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) VP Product & Underwriting		Employer (See Instructions) Travelers Indemnity Co
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8 Principal occupation / Job title (See Instructions) VP Product & Underwriting		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Irene <hr/> Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$67.31
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cincinnati, OH 45202		
8 Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cincinnati, OH 45202		
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cincinnati, OH 45202		
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sewanee, TN 37375		
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sewanee, TN 37375		
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 334/523 Rpt: 337/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> 6 Contributor address; City; State; Zip Code Sewanee, TN 37375	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 335/523 Rpt: 338/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> 6 Contributor address; City; State; Zip Code Sewanee, TN 37375	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, Paul <hr/> Contributor address; City; State; Zip Code Sewanee, TN 37375	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 336/523 Rpt: 339/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SVP Field Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 337/523 Rpt: 340/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SVP Field Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 338/523 Rpt: 341/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SVP Field Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Christopher <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SVP Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 339/523 Rpt: 342/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 340/523 Rpt: 343/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 341/523 Rpt: 344/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75081		
8 Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 342/523 Rpt: 345/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75081		
8 Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75081		
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 343/523 Rpt: 346/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Thomas <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 344/523 Rpt: 347/528
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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$288.46
8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		9 Employer (See Instructions) TCI Global Services Inc
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
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Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
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Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 345/523 Rpt: 348/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$288.46
8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		9 Employer (See Instructions) TCI Global Services Inc
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 346/523 Rpt: 349/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> 6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	7 Amount of Contribution (\$) \$41.35
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 347/523 Rpt: 350/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> 6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	7 Amount of Contribution (\$) \$41.35
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 348/523 Rpt: 351/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> 6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	7 Amount of Contribution (\$) \$41.35
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 349/523 Rpt: 352/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) 2VP Property Large Loss		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.31
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 350/523 Rpt: 353/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$37.31
8 Principal occupation / Job title (See Instructions) 2VP Property Large Loss		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.31
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.31
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.31
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.31
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 351/523 Rpt: 354/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP Product Management Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Product Management Select		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Product Management Select		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Product Management Select		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 352/523 Rpt: 355/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) VP Product Management Select		Employer (See Instructions) Travelers Indemnity Co

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Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sigurd <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Product Management Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	7 Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 355/523 Rpt: 358/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions) Sr Dir Team Lead		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kenneth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions) Sr Dir Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne	Amount of Contribution (\$) \$31.73
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 356/523 Rpt: 359/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$31.73
8 Principal occupation / Job title (See Instructions) VP Finance		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 357/523 Rpt: 360/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SVP Quantitative Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 358/523 Rpt: 361/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions) SVP Quantitative Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Morristown, NJ 07960	
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 359/523 Rpt: 362/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> 6 Contributor address; City; State; Zip Code Morristown, NJ 07960	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Sales Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 360/523 Rpt: 363/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> 6 Contributor address; City; State; Zip Code Morristown, NJ 07960	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Sales Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$36.25
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$36.25
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$36.25
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$36.25
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 361/523 Rpt: 364/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> 6 Contributor address; City; State; Zip Code Morristown, NJ 07960	7 Amount of Contribution (\$) \$36.25
8 Principal occupation / Job title (See Instructions) Sales Director Select		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$36.25
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 362/523 Rpt: 365/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather Contributor address; City; State; Zip Code Farmington, CT 06032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

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Contributor address; City; State; Zip Code Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean	Amount of Contribution (\$) \$105.29
Contributor address; City; State; Zip Code Melville, NY 11747		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean	Amount of Contribution (\$) \$105.29
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4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> 6 Contributor address; City; State; Zip Code Melville, NY 11747	7 Amount of Contribution (\$) \$105.29
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SCHEDULE A1

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Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code Melville, NY 11747	Amount of Contribution (\$) \$105.29
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code Melville, NY 11747	Amount of Contribution (\$) \$105.29
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code Melville, NY 11747	Amount of Contribution (\$) \$105.29
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 369/523 Rpt: 372/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> 6 Contributor address; City; State; Zip Code Lancaster, PA 17601	7 Amount of Contribution (\$) \$45.38
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$45.38
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$45.38
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$45.38
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$45.38
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> 6 Contributor address; City; State; Zip Code Lancaster, PA 17601	7 Amount of Contribution (\$) \$45.38
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$45.38
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> 6 Contributor address; City; State; Zip Code Lancaster, PA 17601	7 Amount of Contribution (\$) \$46.73
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$23.54
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$23.54
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co

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6 Contributor address; City; State; Zip Code Richmond, VA 23233		
8 Principal occupation / Job title (See Instructions) Dir Cash Control		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy	Amount of Contribution (\$) \$24.50
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8 Principal occupation / Job title (See Instructions) Dir Cash Control		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 375/523 Rpt: 378/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 376/523 Rpt: 379/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 377/523 Rpt: 380/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$45.67
8 Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 378/523 Rpt: 381/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 379/523 Rpt: 382/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 380/523 Rpt: 383/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.08
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 381/523 Rpt: 384/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James	7 Amount of Contribution (\$) \$38.08
6 Contributor address; City; State; Zip Code Morristown, NJ 07960		
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James	Amount of Contribution (\$) \$38.08
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James	Amount of Contribution (\$) \$38.08
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James	Amount of Contribution (\$) \$40.77
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James	Amount of Contribution (\$) \$40.77
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 382/523 Rpt: 385/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> 6 Contributor address; City; State; Zip Code Morristown, NJ 07960	7 Amount of Contribution (\$) <div style="text-align: right;">\$40.77</div>
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) <div style="text-align: right;">\$40.77</div>
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) <div style="text-align: right;">\$40.77</div>
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) <div style="text-align: right;">\$32.62</div>
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 383/523 Rpt: 386/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 384/523 Rpt: 387/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 385/523 Rpt: 388/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 386/523 Rpt: 389/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> 6 Contributor address; City; State; Zip Code Windsor, CT 06095	7 Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 387/523 Rpt: 390/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> 6 Contributor address; City; State; Zip Code Windsor, CT 06095	7 Amount of Contribution (\$) \$10.00
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, David <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Risk Control Forensic		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 388/523 Rpt: 391/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$178.85
8 Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 389/523 Rpt: 392/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$178.85
8 Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$178.85
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Douglas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$89.42
Principal occupation / Job title (See Instructions) SVP Corp Contr & Treasurer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 390/523 Rpt: 393/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.23
8 Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 391/523 Rpt: 394/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.23
8 Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 392/523 Rpt: 395/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$46.15
8 Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 393/523 Rpt: 396/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP Corporate Tax		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 394/523 Rpt: 397/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SVP Corporate Tax		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 395/523 Rpt: 398/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP Large Loss		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 396/523 Rpt: 399/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 397/523 Rpt: 400/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP Large Loss		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnitzer, Alan <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chairman and CEO		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 398/523 Rpt: 401/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$64.62
8 Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$64.62
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 399/523 Rpt: 402/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$68.27
8 Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 400/523 Rpt: 403/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$68.27
8 Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 401/523 Rpt: 404/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$23.37
8 Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$23.37
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.33
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.33
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 402/523 Rpt: 405/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$24.33
8 Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.33
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.33
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.33
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 403/523 Rpt: 406/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	7 Amount of Contribution (\$) \$52.88
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP Ent Market Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 404/523 Rpt: 407/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	7 Amount of Contribution (\$) \$52.88
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP Ent Market Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	7 Amount of Contribution (\$) \$52.88
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP Ent Market Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan	Amount of Contribution (\$) \$52.88
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent	Amount of Contribution (\$) \$43.27
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent	Amount of Contribution (\$) \$43.27
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent	Amount of Contribution (\$) \$43.27
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 406/523 Rpt: 409/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$43.27
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.27
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.27
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.27
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 407/523 Rpt: 410/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.81
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 408/523 Rpt: 411/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 410/523 Rpt: 413/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$32.79
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 411/523 Rpt: 414/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$34.62
8 Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.62
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.62
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.62
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.62
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 412/523 Rpt: 415/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	7 Amount of Contribution (\$) \$34.62
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 413/523 Rpt: 416/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$34.62
8 Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128	Amount of Contribution (\$) \$16.35
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128	Amount of Contribution (\$) \$16.35
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128	Amount of Contribution (\$) \$16.35
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128	Amount of Contribution (\$) \$16.35
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	7 Amount of Contribution (\$) \$16.35
6 Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
8 Principal occupation / Job title (See Instructions) 2VP National Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.35
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.35
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.92
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.92
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 415/523 Rpt: 418/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	7 Amount of Contribution (\$) \$16.92
6 Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
8 Principal occupation / Job title (See Instructions) 2VP National Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.92
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.92
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin	Amount of Contribution (\$) \$16.92
Contributor address; City; State; Zip Code Murfreesboro, TN 37128		
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spokane, WA 99201		
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 416/523 Rpt: 419/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> 6 Contributor address; City; State; Zip Code Spokane, WA 99201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP Business Center		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 417/523 Rpt: 420/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> 6 Contributor address; City; State; Zip Code Spokane, WA 99201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP Business Center		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
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Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code Spokane, WA 99201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 418/523 Rpt: 421/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> 6 Contributor address; City; State; Zip Code Spokane, WA 99201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP Business Center		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert <hr/> Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert 6 Contributor address; City; State; Zip Code Independence, OH 44131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slepecky, Robert Contributor address; City; State; Zip Code Independence, OH 44131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Tech/Field Dir Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc

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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$10.00
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Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 424/523 Rpt: 427/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew	7 Amount of Contribution (\$) \$10.00
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Contributor address; City; State; Zip Code St. Paul, MN 55102		
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Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 425/523 Rpt: 428/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$80.77
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 426/523 Rpt: 429/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> 6 Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	7 Amount of Contribution (\$) \$80.77
8 Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$80.77
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 427/523 Rpt: 430/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard	7 Amount of Contribution (\$) \$80.77
6 Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024		
8 Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard	Amount of Contribution (\$) \$10.00
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Contributor address; City; State; Zip Code Hartford, CT 06183		
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Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024		
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024		
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 428/523 Rpt: 431/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Executive Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 429/523 Rpt: 432/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Executive Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 430/523 Rpt: 433/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard 6 Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	7 Amount of Contribution (\$) \$85.10
8 Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 431/523 Rpt: 434/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$32.65
8 Principal occupation / Job title (See Instructions) 2VP Accounting		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$32.65
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.19
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 432/523 Rpt: 435/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$34.19
8 Principal occupation / Job title (See Instructions) 2VP Accounting		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.19
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.19
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.19
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$34.19
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 433/523 Rpt: 436/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 434/523 Rpt: 437/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> 6 Contributor address; City; State; Zip Code Wyomissing, PA 19610	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP UW Construction		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Tracy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Business Architect Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Tracy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 2VP Business Architect Lead		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP Business Architect Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Tracy <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 440/523 Rpt: 443/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$35.00
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 441/523 Rpt: 444/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) VP BI Property UW		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.00
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Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 442/523 Rpt: 445/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.71
8 Principal occupation / Job title (See Instructions) VP RMIS		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.71
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.71
8 Principal occupation / Job title (See Instructions) VP RMIS		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.71
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.71
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard	7 Amount of Contribution (\$) \$38.85
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Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

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Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

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4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Timothy <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$10.00
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susmeyer, Joseph	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Windsor Locks, CT 06096	
Principal occupation / Job title (See Instructions) VP Aviation		Employer (See Instructions) Travelers Indemnity Co
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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David	7 Amount of Contribution (\$) \$43.08
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
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SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 458/523 Rpt: 461/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$208.33
8 Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co

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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Las Vegas, NV 89113		
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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Wilson	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Melville, NY 11747		
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Wilson	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co

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4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.23
8 Principal occupation / Job title (See Instructions) VP Controller		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.23
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co

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8 Principal occupation / Job title (See Instructions) VP Controller		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
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Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal	7 Amount of Contribution (\$) \$25.10
6 Contributor address; City; State; Zip Code St. Paul, MN 55102		
8 Principal occupation / Job title (See Instructions) VP Risk Control		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal	Amount of Contribution (\$) \$25.10
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal	Amount of Contribution (\$) \$25.10
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal	Amount of Contribution (\$) \$25.10
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Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.10
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.96
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Nirmal <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$25.96
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Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.52
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.52
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co

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SCHEDULE A1

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SCHEDULE A1

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4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$25.48
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 472/523 Rpt: 475/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$25.48
8 Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 473/523 Rpt: 476/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$16.54
8 Principal occupation / Job title (See Instructions) UW Officer Comm Accts		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 474/523 Rpt: 477/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$16.54
8 Principal occupation / Job title (See Instructions) UW Officer Comm Accts		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Sherry <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$16.54
Principal occupation / Job title (See Instructions) UW Officer Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 475/523 Rpt: 478/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) 2VP UW BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
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SCHEDULE A1

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4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) 2VP UW BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
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SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
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8 Principal occupation / Job title (See Instructions) 2VP UW BI		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 478/523 Rpt: 481/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$93.03
8 Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		9 Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 479/523 Rpt: 482/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$93.03
8 Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		9 Employer (See Instructions) Travelers Indemnity Co
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Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 480/523 Rpt: 483/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	7 Amount of Contribution (\$) \$23.42
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$23.42
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$23.42
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$23.42
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$23.42
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 481/523 Rpt: 484/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	7 Amount of Contribution (\$) \$23.42
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$23.42
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
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Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 482/523 Rpt: 485/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Sr Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 483/523 Rpt: 486/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) National Accounts VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 484/523 Rpt: 487/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) National Accounts VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vendetta, Craig <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$100.96
8 Principal occupation / Job title (See Instructions) SVP President Natl Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.96
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.96
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 486/523 Rpt: 489/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$100.96
8 Principal occupation / Job title (See Instructions) SVP President Natl Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.96
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
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MONETARY POLITICAL CONTRIBUTIONS

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Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles	Amount of Contribution (\$) \$105.29
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley	Amount of Contribution (\$) \$25.00
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6 Contributor address; City; State; Zip Code Wilmington, DE 19803		
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$53.46
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Marilyn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Marilyn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co

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4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$45.58
8 Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$130.77
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$130.77
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$130.77
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$18.75
8 Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$18.75
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$18.75
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$18.75
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$18.75
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$19.90
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$19.90
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Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Kathleen Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$30.77
Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Kathleen Contributor address; City; State; Zip Code Hunt Valley, MD 21031	Amount of Contribution (\$) \$30.77
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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Kathleen	7 Amount of Contribution (\$) \$31.92
6 Contributor address; City; State; Zip Code Hunt Valley, MD 21031		
8 Principal occupation / Job title (See Instructions) Regional Dir Env Claim SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Matthew	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Melville, NY 11747		
Principal occupation / Job title (See Instructions) 2VP Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Matthew	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Melville, NY 11747		
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Principal occupation / Job title (See Instructions) 2VP Managing Dir Comml Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

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Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 514/523 Rpt: 517/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Head of MM Business Centers		9 Employer (See Instructions) Travelers Indemnity Co
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Head of MM Business Centers		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charles <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head of MM Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

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4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$192.31
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$192.31
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Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.06
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.06
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.06
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Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.06
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 522/523 Rpt: 525/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.46
8 Principal occupation / Job title (See Instructions) SVP Product Management PI		9 Employer (See Instructions) Travelers Indemnity Co
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
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Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 523/523 Rpt: 526/528
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4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William	7 Amount of Contribution (\$) \$38.46
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP Product Management PI		9 Employer (See Instructions) Travelers Indemnity Co

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 527/528
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2023	5 Corporation / Labor Organization name The Travelers Companies, Inc.	6 Amount (\$) 500.00

TEXT ANNOTATION

Sch: 1/1 Rpt: 528/528

FILER NAME

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

Filer ID (Ethics Commission Filers)

00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$65,600.00.