FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087159 3 COMMITTEE NAME **OFFICE USE ONLY** The Travelers Companies, Inc. Political Action Committee (T-PAC) Date Received **ELECTRONICALLY FILED** 01/10/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** One Tower Square Date Hand-delivered or Date Postmarked Change of Address Hartford, CT 06183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lindsay NAME NICKNAME LAST **SUFFIX** Frank STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** One Tower Square STREET **ADDRESS** (Residence or Business) Hartford, CT 06183 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** One Tower Square MAILING **ADDRESS** Hartford, CT 06183 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (860) 277-9543 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Travelers Companies, In	nc. Political Action	Committee (T-PAC)	00087159	9
ACTIVITY	Candidates ify by name or, if able, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(Descr	Measures ribe by date and location ction and nature of issue.)	A. Supported		
		B. Opposed		
A (Identi	Officeholders ASSISTED Ify by name or, if able, classify by party.)			
TOTALS P	PLEDGES, LOANS, CONTRIBUTIONS MA	POLITICAL CONTRIBUTIONS (OTHER THAN DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,753.04
		CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	146,307.50
EXPENDITURE 3. T TOTALS	OTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4. Т	OTAL POLITICAL	EXPENDITURES	\$	0.00
	OTAL POLITICAL C OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS OF THE LAST IS PERIOD	DAY \$	222,251.68
		MOUNT OF ALL OUTSTANDING LOANS AS OF T EPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Linds	say Frank	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY STAM	MP / SEAL ABOVE			
		, tr	is the	day
of, 20	, to certify w	hich, witness my hand and seal of office.		
Signature of officer administr	ering oath F	Printed name of officer administering oath	Title of off	ficer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 530
17 COMMITTEE NAM The Travelers Co	ME : ompanies, Inc. Political Action Committee (T-PAC)	18 Filer ID 00087159	(Ethics Commiss	ion Filers)
19 SCHEDULE SUBT			SUBTOTAL	AMOUNT
1. X SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	145,807.50
2. SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHE	\$			
	EDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION ORGANIZATION	TION OR	\$	
6. SCHE	EDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
	EDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ANIZATION		\$	500.00
8. SCHE	EDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$	
9. SCHE	EDULE E: LOANS		\$	
10. SCHE	EDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	
11. SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHE	EDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
13. SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHE	EDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
15. SCHE	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R ILER	ETURNED	\$	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/525 Rpt: 4/530	
2	FILER NAME	s Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
1	Date			,	7	Amount of Contribution (\$)	
4	07/14/2023	Abrahms, Nathaniel	ut-of-state PAC (ID#:		ľ	Amount of Continuution (4)	\$83.65
		6 Contributor address; City; State; Zi	p Code				
		Hartford, CT 06183					
8		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP BI Opera	tions		Travelers Indemnity Co			
	Date	Full name of contributor 🔲 οι	ıt-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/28/2023	Abrahms, Nathaniel					\$83.65
		Contributor address; City; State; Zi	p Code				
		Hartford, CT 06183					
	Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u>l</u> 5)		
	VP BI Operations			Travelers Indemnity Co			
Date		Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/11/2023	Abrahms, Nathaniel					\$83.65
		Contributor address; City; State; Zi	p Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	VP BI Opera			Travelers Indemnity Co	,		
	Date	Full name of contributor 0	ut-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	08/25/2023	Abrahms, Nathaniel		,		(+)	\$83.65
		Contributor address; City; State; Zi	p Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP BI Opera	tions		Travelers Indemnity Co			
	Date	Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/08/2023	Abrahms, Nathaniel					\$83.65
		Contributor address; City; State; Zi	p Code				
		Llowford CT 0C100					
	Dringinal accur	Hartford, CT 06183	1	Employer (See Instructions	·/		
	VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co)		
	7. Di Opcia			avoioio indominity 00			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/525 Rpt: 5/530	
2	FILER NAME				3	•	n Filers)
	The Traveler	s Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 09/22/2023	 5 Full name of contributor Abrahms, Nathaniel 6 Contributor address; City; S 	out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
8		pation / Job title (See Instructions	5)	9 Employer (See Instruc			
	VP BI Opera	tions		Travelers Indemnity	/ Co		
	Date 10/06/2023	Full name of contributor Abrahms, Nathaniel Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
			Employer (See Instruc				
	VP BI Operations Tra		Travelers Indemnity	/ Co			
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:) Abrahms, Nathaniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.65	
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	tions)		
	VP BI Opera		,	Travelers Indemnity			
	Date 11/03/2023	Full name of contributor Abrahms, Nathaniel Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$83.65
	Principal occu VP BI Opera	pation / Job title (See Instructions tions	(3)	Employer (See Instruc Travelers Indemnity	,		
	Date 11/17/2023	Full name of contributor Abrahms, Nathaniel Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.65
	Principal occu VP BI Opera	pation / Job title (See Instructions tions	s)	Employer (See Instruc Travelers Indemnity			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 3/525 Rpt: 6/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor out out Abrahms, Nathaniel Contributor address; City; State; Zip 	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
8	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
	VP BI Opera			Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor out Abrahms, Nathaniel Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) VP BI Operations			Employer (See Instructions Travelers Indemnity Co	5)		
	Date Full name of contributor out-of-state PAC (ID#:			Travelers indefinitly Co		Amount of Contribution (\$)	
	12/29/2023	Abrahms, Nathaniel Contributor address; City; State; Zip				(,)	\$83.65
		Hartford, CT 06183					
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Agrawal, Kamal)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc	()		
	Date 07/28/2023	Full name of contributor out Agrawal, Kamal Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel - International		TCI Global Services Inc			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 4/525 Rpt: 7/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/-		
0	•	ral Counsel - International	J	TCI Global Services Inc			
	Date 08/25/2023	Full name of contributor out-of-state PAC (IE Agrawal, Kamal Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
				Employer (See Instructions TCI Global Services Inc			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:) Agrawal, Kamal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	Date 09/22/2023	Full name of contributor out-of-state PAC (IE Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	Date 10/06/2023	Full name of contributor out-of-state PAC (IE Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	2.549 56116			. 2. 2.334. 33, 1003 110			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/525 Rpt: 8/530	
2	FILER NAME				3	•	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 10/20/2023	5 Full name of contributor Agrawal, Kamal6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9 Employer (See Instructions			
0		ral Counsel - International		TCI Global Services Inc			
	Date 11/03/2023	Full name of contributor Agrawal, Kamal Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183			Ļ		
				Employer (See Instructions			
	<u> </u>		TCI Global Services Inc				
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:) Agrawal, Kamal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
			,	TCI Global Services Inc	-		
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$20.00	
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Group Gene	ral Counsel - International		TCI Global Services Inc	:		
	Date 12/15/2023	Full name of contributor Agrawal, Kamal Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Group Gene	ral Counsel - International		TCI Global Services Inc	:		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 6/525 Rpt: 9/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	·	PAC (ID#:)	7	Amount of Contribution (\$)	\$36.54
8	Principal occu	Columbus, WI 53925 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	AVP Govern	ment Relations		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state Alanis, Jessica Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$36.54
		Columbus, WI 53925					
				Employer (See Instructions	5)		
	AVP Government Relations Travelers Indemnity Co						
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:) Alanis, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$36.54	
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u>.</u> s)		
Date Full name of contributor out-of-state PAC (ID#: 08/25/2023 Alanis, Jessica Contributor address; City; State; Zip Code Columbus, WI 53925		-			Amount of Contribution (\$)	\$36.54	
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Alanis, Jessica Contributor address; City; State; Zip Code Columbus, WI 53925				Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP Govern	ment Relations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 7/525 Rpt: 10/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	· — — —	te PAC (ID#:		7	Amount of Contribution (\$)	\$36.54
8	Principal occu	Columbus, WI 53925 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	AVP Govern	ment Relations		Travelers Indemnity Co			
	Date 10/06/2023	Alanis, Jessica			•	Amount of Contribution (\$)	\$36.54
		Columbus, WI 53925					
				Employer (See Instructions	s)		
	AVP Government Relations Travelers Indemnity		Travelers Indemnity Co				
	Date 10/20/2023	Full name of contributor			Amount of Contribution (\$)	\$36.54	
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
Date Full name of contributor out-of-state PAC (ID# 11/03/2023 Alanis, Jessica)		Amount of Contribution (\$)	\$18.27	
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 11/17/2023	Full name of contributor out-of-sta				Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP Govern	ment Relations		Travelers Indemnity Co			
							

	MONET	ETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 8/525 Rpt: 11/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/01/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.54
•	Principal occu	Columbus, WI 53925 pation / Job title (See Instructions)	۵	Employer (See Instructions	·/		
•		ment Relations	9	Travelers Indemnity Co	·)		
	Date 12/15/2023	Full name of contributor out- Alanis, Jessica Contributor address; City; State; Zip				Amount of Contribution (\$)	\$36.54
	Dringing! goog	Columbus, WI 53925	İ	Employer (See Instructions	·/		
	Principal occupation / Job title (See Instructions) AVP Government Relations			Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:) Alanis, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$36.54	
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Armentano, Vincent	of-state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim B	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 3.4		l				

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 9/525 Rpt: 12/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/11/2023	Armentano, Vincent	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$138.46
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	SVP Claim E	Business Ins		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183					
				Employer (See Instructions)		
	SVP Claim Business Ins Travelers Indemnity		Travelers Indemnity Co				
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:) Armentano, Vincent Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$138.46	
		Hartford, CT 06183					
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor CArmentano, Vincent Contributor address; City; State; 2 Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim B	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor Armentano, Vincent Contributor address; City; State; 2 Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Claim E	Business Ins		Travelers Indemnity Co			

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 10/525 Rpt: 13/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/20/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$138.46
g Q	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·,		
Ü	SVP Claim E			Travelers Indemnity Co	')		
	Date 11/03/2023	Full name of contributor out- Armentano, Vincent Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183	<u>, </u>				
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:) Armentano, Vincent Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$138.46	
	Dringing! goog	Hartford, CT 06183		Employer (See Instructions	·/-		
	SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out- Armentano, Vincent Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim B	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Armentano, Vincent	of-state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim B	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	JV. Ciami L						

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 11/525 Rpt: 14/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/29/2023	5 Full name of contributor ou ou ou	it-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$138.46
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8	SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 07/14/2023	Full name of contributor ou Arnold Smith, Julie Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112		5 1 (0 1 1 1			
	2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor ou Arnold Smith, Julie Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
	Principal occu 2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor ou ou Arnold Smith, Julie Contributor address; City; State; Zi Centennial, CO 80112	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Field Op	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor ou Arnold Smith, Julie Contributor address; City; State; Zi Centennial, CO 80112	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Field Op	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 12/525 Rpt: 15/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Arnold Smith, Julie	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Centennial, CO 80112		5 1 (0 1 1 1			
8	2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Arnold Smith, Julie Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing aggr	Centennial, CO 80112	İ	Employer (See Instructions			
	2VP Field Op	pation / Job title (See Instructions) perations		Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor Arnold Smith, Julie Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
	Principal occu 2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor Arnold Smith, Julie Contributor address; City; State; Centennial, CO 80112	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor Arnold Smith, Julie Contributor address; City; State; Centennial, CO 80112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Field Or	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	ZVI TIGIU O	octations.		Travelers muerimity CO			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 13/525 Rpt: 16/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor ou Arnold Smith, Julie	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Centennial, CO 80112					
8	2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor on an armoid Smith, Julie Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	2VP Field O			Travelers Indemnity Co	')		
	Date 12/15/2023	Full name of contributor out on the Arnold Smith, Julie Contributor address; City; State; Zites	ip Code)		Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
	Principal occu 2VP Field Op	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor on the contributor of the contributor address; City; State; Zity; State; Zity; Cropper of the contributor address; City; State; Zity; Cropper of the contributor address; City; State; Zity; Cropper of the contributor address; City; State; Zity; Cropper of the contributor of	ut-of-state PAC (ID#:i)		Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) 'I Property		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/28/2023	Full name of contributor on Atkinson, Jerald Contributor address; City; State; Zin Hartford, CT 06183	ut-of-state PAC (ID#:ip Code			Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI OVVINAL	Порону		Travelers indefinity CO			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 14/525 Rpt: 17/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor ou ou ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	2VP UW Nat			Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor ou Atkinson, Jerald Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	()		
	Date 09/08/2023	Full name of contributor ou Atkinson, Jerald Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor ou Atkinson, Jerald Contributor address; City; State; Zi Hartford, CT 06183	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor ou Atkinson, Jerald Contributor address; City; State; Zi Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI OVVINAL			Travelers indefinity CO			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 15/525 Rpt: 18/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
0	Dringing! goog	Hartford, CT 06183	10	Employer (See Instructions	·/		
<u> </u>	2VP UW Nat	pation / Job title (See Instructions) 'I Property		Travelers Indemnity Co	•)		
	Date 11/03/2023	Full name of contributor out- Atkinson, Jerald Contributor address; City; State; Zip				Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183			_		
	2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out- Atkinson, Jerald Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) 'I Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out- Atkinson, Jerald Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out- Atkinson, Jerald Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Swivat						

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 16/525 Rpt: 19/530	
2	FILER NAME	o Communica Inc. Delitical Action Com	mittee (T.DAC)		3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political Action Com				00087159	
4	Date 07/14/2023	Atkinson, Lynda	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-s Atkinson, Lynda Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$67.79
	5	Phoenix, AZ 85050		- I (0 I i ii	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Const Energy & Marine			Travelers Indemnity Co	_		
	Date 08/11/2023	Full name of contributor out-of-s Atkinson, Lynda Contributor address; City; State; Zip Co	tate PAC (ID#: de)		Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 08/25/2023	Atkinson, Lynda				Amount of Contribution (\$)	\$67.79
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-s Atkinson, Lynda Contributor address; City; State; Zip Co Phoenix, AZ 85050	tate PAC (ID#:			Amount of Contribution (\$)	\$67.79
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		Energy & Marine		Travelers Indemnity Co	•		
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm		1	Total pages Schedule A1: Sch: 17/525 Rpt: 20/530	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	(C)			00087159	
4	Date 09/22/2023	5 Full name of contributor Atkinson, Lynda6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$67.79
_	Driveriend	Phoenix, AZ 85050	<u> </u>	la -				
8		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	RVP Const E	Energy & Marine			Fravelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Atkinson, Lynda Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050						
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	RVP Const Energy & Marine		1	Fravelers Indemnity Co				
	Date 10/20/2023	Full name of contributor Atkinson, Lynda Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050						
	Principal occu	pation / Job title (See Instructions	3)	F	Employer (See Instructions)		
		Energy & Marine	,		Fravelers Indemnity Co	,		
	Date	Full name of contributor			``		Amount of Contribution (\$)	
	11/03/2023	Atkinson, Lynda Contributor address; City; Si Phoenix, AZ 85050	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$67.79
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions)		
	RVP Const E	Energy & Marine		ן ו	Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Atkinson, Lynda Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050	, ,	-				
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	KVP CONST E	Energy & Marine			Fravelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 18/525 Rpt: 21/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PA Atkinson, Lynda Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$67.79
_		Phoenix, AZ 85050			<u> </u>		
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$67.79
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		Energy & Marine		Travelers Indemnity Co	-,		
	Date 12/29/2023	Full name of contributor out-of-state PA Atkinson, Lynda Contributor address; City; State; Zip Code	.C (ID#:)		Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050					
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PA Baghdassarian, Holly Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PA Baghdassarian, Holly Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:)		Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Financia	ai Arialysis	<u> </u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 19/525 Rpt: 22/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.54
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
0	2VP Financia			Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-Baghdassarian, Holly Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	<u> </u>	state PAC (ID#:)		Amount of Contribution (\$)	\$36.54
	D: : 1	Hartford, CT 06183			<u></u>		
	2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-Baghdassarian, Holly Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-Baghdassarian, Holly Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 20/525 Rpt: 23/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor out-of-s Baghdassarian, Holly	state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.54
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ü	2VP Financia			Travelers Indemnity Co	,,		
	Date 11/03/2023	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183			<u>_</u>		
	2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 21/525 Rpt: 24/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor Baghdassarian, Holly	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$36.54
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	_		
8	2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/14/2023	Full name of contributor				Amount of Contribution (\$)	\$75.00
	Principal occur	Las Vegas, NV 89113		Employer (See Instructions			
	VP Gov't Rel	pation / Job title (See Instructions) ations		Travelers Indemnity Co	')		
	Date 07/28/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/11/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Galady, Michele Contributor address; City; State; 2 Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/525 Rpt: 25/530	
2	FILER NAME	co Companies Inc. Political Action	Committee (T. DAC)		3	Filer ID (Ethics Commission 00087159	Filers)
		s Companies, Inc. Political Action					
4	Date 09/08/2023	Balady, Michele	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP Gov't Rel	ations		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Galady, Michele Contributor address; City; State; 2				Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113	1				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Gov't Rel	lations		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	VP Gov't Rel	ations		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Balady, Michele Contributor address; City; State; 2 Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Galady, Michele Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113	.				
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Gov't Rel	ations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 23/525 Rpt: 26/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	5 Full name of contributor Balady, Michele	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$75.00
_		Las Vegas, NV 89113			<u> </u>		
8	VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor				Amount of Contribution (\$)	\$75.00
	Dringing aggr	Las Vegas, NV 89113		Employer (See Instructions	·/		
	Principal occupation / Job title (See Instructions) VP Gov't Relations			Employer (See Instructions Travelers Indemnity Co	•)		
	Date 12/15/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Claim C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI CIAIIII C	porations		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 24/525 Rpt: 27/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 07/28/2023	5 Full name of contributor uut-of-state PAC (Banani, Paimon 6 Contributor address; City; State; Zip Code	(ID#:)	7	Amount of Contribution (\$)	\$10.00
_	5	Diamond Bar, CA 91765	- 1-	5 1 (0 1 1 1	<u></u>		
8	2VP Claim C	pation / Job title (See Instructions) perations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	2VP Claim Operations			Travelers Indemnity Co	"		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Banani, Paimon Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$10.00
		Diamond Bar, CA 91765					
	Principal occu 2VP Claim C	pation / Job title (See Instructions) Operations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Banani, Paimon Contributor address; City; State; Zip Code Diamond Bar, CA 91765)	•	Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Claim C	pation / Job title (See Instructions) Operations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Banani, Paimon Contributor address; City; State; Zip Code Diamond Bar, CA 91765)	•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Claim C	perations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 25/525 Rpt: 28/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PA Banani, Paimon Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	D: : 1	Diamond Bar, CA 91765	- 1-		<u>L</u>		
8	2VP Claim O	pation / Job title (See Instructions) perations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occur	Diamond Bar, CA 91765 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	2VP Claim O			Travelers Indemnity Co	"		
	Date 11/03/2023	Full name of contributor out-of-state PA Banani, Paimon Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$10.00
		Diamond Bar, CA 91765					
	Principal occup 2VP Claim O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PA Banani, Paimon Contributor address; City; State; Zip Code Diamond Bar, CA 91765)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PA Banani, Paimon Contributor address; City; State; Zip Code Diamond Bar, CA 91765)		Amount of Contribution (\$)	\$10.00
	Principal occup 2VP Claim O	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	ZVI CIAIIII O	peranona		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 26/525 Rpt: 29/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 5 Full name of contributor	t:)	7	Amount of Contribution (\$)	\$10.00
_		Diamond Bar, CA 91765	1-		Ĺ		
8	Principal occu 2VP Claim C	pation / Job title (See Instructions) Operations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Barrett, Judith Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$47.12
	Dringing aggr	Hartford, CT 06120 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>''</u>		
	RVP Const Energy & Marine			Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID# Barrett, Judith Contributor address; City; State; Zip Code	t:			Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID# Barrett, Judith Contributor address; City; State; Zip Code Hartford, CT 06120)		Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#Beaudoin, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	t:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	2VP Regulat	wiy Alialis		Travelers indefinity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 27/525 Rpt: 30/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Hartford, CT 06183	lo.	Frankrick (Cook lands with an	_		
8	2VP Regulat	pation / Job title (See Instructions) ory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Delicalisation	Hartford, CT 06183		Faralassa (Ossalassassissas	_		
	Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu 2VP Regulat	pation / Job title (See Instructions) ory Affairs		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions) ory Affairs		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Geaudoin, Robert Contributor address; City; State; 2 Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	_vi itegulat	, , , , , , , , , , , , , , , , , ,		avoicio indefinity 60			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 28/525 Rpt: 31/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Dringing Lagra	Hartford, CT 06183	lo lo	Franks or (Cas Instructions	<u></u>		
8	2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183			_		
	Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Beaudoin, Robert	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Regulat	wy Allalis		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 29/525 Rpt: 32/530	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-	PAC)	1	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	 5 Full name of contributor)#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l q	Employer (See Instructions	s)		
Ü	2VP Regulat	,		Travelers Indemnity Co	"		
	Date 07/14/2023	Full name of contributor out-of-state PAC (IDBelden, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$167.69
	Dringing aggr	Westerly, RI 02891		Employer (See Instructions	<u>''</u>		
	Principal occupation / Job title (See Instructions) SVP Reinsurance			Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Belden, Scott Contributor address; City; State; Zip Code)#:		•	Amount of Contribution (\$)	\$167.69
		Westerly, RI 02891					
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (IDBelden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891			•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	SVI Remsu	unoc		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 30/525 Rpt: 33/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$167.69
8	Principal occu SVP Reinsur	Westerly, RI 02891 pation / Job title (See Instructions) rance	9	Employer (See Instructions Travelers Indemnity Co	 s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891				Amount of Contribution (\$)	\$167.69
	Principal occur SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#Belden, Scott Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$167.69
	Principal occu	Westerly, RI 02891 pation / Job title (See Instructions)	T	Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance	Ī	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891)		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 31/525 Rpt: 34/530	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$167.69
8		Westerly, RI 02891 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#		Travelers Indemnity Co		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#Belden, Scott Contributor address; City; State; Zip Code	t:)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	Westerly, RI 02891 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Bencini, Michael Contributor address; City; State; Zip Code	<i>t</i> :			Amount of Contribution (\$)	\$38.46
	Principal occu 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 32/525 Rpt: 35/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor our pencini, Michael Contributor address; City; State; Zipencini, Sta	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
0	Dringing aggr	Buffalo, NY 14202	lo.	Employer (See Instructions	·/		
0	2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor ou Bencini, Michael Contributor address; City; State; Zip				Amount of Contribution (\$)	\$38.46
		Buffalo, NY 14202					
		pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
2VP Claim Mgmt Date Full name of contributor out-of-state PAC (ID#:_			Travelers indefinitly Co	<u> </u>	Amount of Contribution (\$)		
	12/15/2023	Bencini, Michael Contributor address; City; State; Zij				(,)	\$38.46
	5	Buffalo, NY 14202		5 1 (0 1 1 1	<u></u>		
	2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Bencini, Michael				Amount of Contribution (\$)	\$38.46
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor ou Bessette, Andy Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$269.23
		pation / Job title (See Instructions) lef Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	EVI AND ON	or Admin Officer		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 33/525 Rpt: 36/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 5 Full name of contributor out-of-state PA Bessette, Andy 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$269.23
Q	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	اه	Employer (See Instructions	-, 		
•		ief Admin Officer		Travelers Indemnity Co	·)		
	Date 08/11/2023	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$269.23
		Hartford, CT 06183			<u></u>		
	Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:) Bessette, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$269.23	
		Hartford, CT 06183					
		pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
	•	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$153.86
	·	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 34/525 Rpt: 37/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Alpharetta, GA 30005	lo lo	Frankrick (Cook lands with an	_		
8		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor ou Bobeng, Gregory Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions			
	•	Energy & Marine		Travelers Indemnity Co	')		
	Date 08/11/2023	Full name of contributor ou Bobeng, Gregory Contributor address; City; State; Zi	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Alpharetta, GA 30005					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor ou Bobeng, Gregory Contributor address; City; State; Zi Alpharetta, GA 30005	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	()		
	Date 09/08/2023	Full name of contributor ou Bobeng, Gregory Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	TATE CONSTR	Literary & Marine		Travelers indefinity CO			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 35/525 Rpt: 38/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor Bobeng, Gregory	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Daine die al access	Alpharetta, GA 30005	To To	Faralassa (Caralassa tiana	$\overline{\Gamma}$		
8	RVP Const E	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 10/06/2023	Full name of contributor Bobeng, Gregory Contributor address; City; State;)		Amount of Contribution (\$)	\$25.00
	Daine die al access	Alpharetta, GA 30005		Farada and (One backward)	Ĺ		
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Bobeng, Gregory Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Alpharetta, GA 30005					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Bobeng, Gregory Contributor address; City; State; Alpharetta, GA 30005	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Bobeng, Gregory Contributor address; City; State; Alpharetta, GA 30005	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	NVP CUIISTE	Energy & Marine		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CONTRIBUTIO)N	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 36/525 Rpt: 39/530	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)			00087159	
4	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Bobeng, Gregory)	7	Amount of Contribution (\$)	\$25.00
	12/01/2020	6 Contributor address; City; State; Zip Code					Ψ25.00
		Alpharetta, GA 30005					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/15/2023	Bobeng, Gregory					\$25.00
		Contributor address; City; State; Zip Code			l		
		Alpharetta, GA 30005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/14/2023	Bogle, Nelville					\$8.33
		Contributor address; City; State; Zip Code			l		
		,					
		E. Longmeadow, MA 01028					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/28/2023	Bogle, Nelville					\$8.33
		Contributor address; City; State; Zip Code			1		
		E. Longmeadow, MA 01028					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/11/2023	Bogle, Nelville					\$8.33
		Contributor address; City; State; Zip Code	•••••		1		
		E. Longmeadow, MA 01028					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 37/525 Rpt: 40/530	
2	FILER NAME				3	Filer ID (Ethics Commission I	-ilers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PA	(C)			00087159	
4	Date 08/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.33
8	Principal occu	E. Longmeadow, MA 01028 pation / Job title (See Instructions)	9	Employer (See Instructions			
ľ	Mgr Data Ma		ľ	The St. Paul Travelers (nnanies Inc	
		-				<u> </u>	
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Bogle, Nelville Contributor address; City; State; Zip Code	•••••)		Amount of Contribution (\$)	\$8.33
		E. Longmeadow, MA 01028					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_Bogle, Nelville Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		E. Longmeadow, MA 01028					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Bogle, Nelville Contributor address; City; State; Zip Code E. Longmeadow, MA 01028				Amount of Contribution (\$)	\$8.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	npanies Inc.	
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Bogle, Nelville Contributor address; City; State; Zip Code E. Longmeadow, MA 01028)		Amount of Contribution (\$)	\$8.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Mgr Data Ma			The St. Paul Travelers (npanies Inc.	

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 38/525 Rpt: 41/530
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission Filers) 00087159
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$8.33
_		E. Longmeadow, MA 01028	_		L	
8	Mgr Data Ma	pation / Job title (See Instructions) anagement	9	Employer (See Instructions The St. Paul Travelers (•	mpanies Inc.
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ Bogle, Nelville Contributor address; City; State; Zip Code E. Longmeadow, MA 01028)		Amount of Contribution (\$) \$8.33
		pation / Job title (See Instructions)		Employer (See Instructions		
	Mgr Data Ma	anagement		The St. Paul Travelers (Cor	
	Date 12/01/2023	Full name of contributor)		Amount of Contribution (\$) \$8.33
		E. Longmeadow, MA 01028	_			
	Principal occu Mgr Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions The St. Paul Travelers (•	mpanies Inc.
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Bogle, Nelville Contributor address; City; State; Zip Code E. Longmeadow, MA 01028)		Amount of Contribution (\$) \$8.33
	Principal occu Mgr Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions The St. Paul Travelers 0		npanies Inc.
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Boyd, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005				Amount of Contribution (\$) \$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)	
	2VP Claim M	тупт.		Travelers Indemnity Co		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 39/525 Rpt: 42/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	 5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
0	Dringing aggr	Alpharetta, GA 30005	lo.	Employer (See Instructions	·/		
8	2VP Claim M	pation / Job title (See Instructions) Igmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor E Boyd, Christopher Contributor address; City; Stat)		Amount of Contribution (\$)	\$10.00
	Principal occur	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	2VP Claim M	` ,		Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor E Boyd, Christopher Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occur 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor Boyd, Christopher Contributor address; City; Stat Alpharetta, GA 30005	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/22/2023	Full name of contributor Boyd, Christopher Contributor address; City; Stat Alpharetta, GA 30005	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		_
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 40/525 Rpt: 43/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor Boyd, Christopher	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Alpharetta, GA 30005	lo.	Employer (See Instructions			
•	2VP Claim M	pation / Job title (See Instructions) Igmt		Travelers Indemnity Co	')		
	Date 10/20/2023	Full name of contributor Boyd, Christopher Contributor address; City; State)		Amount of Contribution (\$)	\$10.00
	Dringing Lagor	Alpharetta, GA 30005		Frankrick (Cook lands with an	_		
	2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Boyd, Christopher Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occup 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/17/2023	Full name of contributor Boyd, Christopher Contributor address; City; State Alpharetta, GA 30005	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Boyd, Christopher Contributor address; City; State Alpharetta, GA 30005	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$10.00
	Principal occup 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		·9····					

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 41/525 Rpt: 44/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Alpharetta, GA 30005 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	2VP Claim M			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$140.38
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
		Information Ofcr		Travelers Indemnity Co	_		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$140.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$140.38
	·	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP & Chief	Information Ofcr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 42/525 Rpt: 45/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$140.38
_	Dringing! agg.	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID: Brown, Urana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$140.38
		Hartford, CT 06183	_		_		
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID: Brown, Urana Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$140.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID: Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$140.38
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID: Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$140.38
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 0.000						

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 43/525 Rpt: 46/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	5 Full name of contributor Brown, Urana 6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$140.38
8		Hartford, CT 06183 pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor Brown, Urana Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$140.38
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor Brown, Urana Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$140.38
	Discipal	Hartford, CT 06183		Foundation (Construction			
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/29/2023	Full name of contributor Brown, Urana Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$140.38
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Callahan, John Contributor address; City; State; Mendon, NY 14506	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Exec Gen Ad	pation / Job title (See Instructions) djuster- BI		Employer (See Instructions Travelers Indemnity Co)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 44/525 Rpt: 47/530	
2	FILER NAME	rs Companies, Inc. Political Ac	tion Committee (T-PAC	2)	3	Filer ID (Ethics Commission 00087159	ı Filers)
1	Date	5 Full name of contributor	out-of-state PAC (ID#:	·)	7	Amount of Contribution (\$)	
•	07/28/2023	Callahan, John 6 Contributor address; City; Sta	<u> </u>			yundun di Ganarbanan (e)	\$10.00
		Mendon, NY 14506					
8	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Exec Gen Ad	djuster- BI		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Callahan, John Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Mendon, NY 14506 pation / Job title (See Instructions)	, 1	Employer (See Instructions	<u>''</u>		
	Exec Gen A		'	Travelers Indemnity Co			
	Date	Full name of contributor		Travoloro maeminity do	_	Amount of Contribution (\$)	
	08/25/2023	Callahan, John Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Mendon, NY 14506					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>. </u>		
	Exec Gen Ad	djuster- BI		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Callahan, John Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Exec Gen Ad	djuster- BI		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Callahan, John Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Exec Gen Ad	djuster- BI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 45/525 Rpt: 48/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Mendon, NY 14506			<u> </u>		
8	Exec Gen Ac		9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/20/2023	Contributor address; City; State; Zip Code	,)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Mendon, NY 14506 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Exec Gen Ad			Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state I Callahan, John Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Mendon, NY 14506					
	Principal occu Exec Gen Ad	pation / Job title (See Instructions) djuster- BI		Employer (See Instructions Travelers Indemnity Co	′		
	Date 11/17/2023	Full name of contributor out-of-state Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506)		Amount of Contribution (\$)	\$10.00
	Principal occu Exec Gen Ad	pation / Job title (See Instructions) djuster- Bl		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/01/2023	Full name of contributor out-of-state of Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Exec Gen Ad	ajustet- di		Travelers Indemnity Co			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 46/525 Rpt: 49/530		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)	
4	Date 12/15/2023	5 Full name of contributor out	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00	
_	<u> </u>	Mendon, NY 14506	la la					
8	Exec Gen Ac	pation / Job title (See Instructions) djuster- BI		Employer (See Instructions Travelers Indemnity Co	<u></u>			
	Date 07/14/2023	Full name of contributor out Campbell, Laura Contributor address; City; State; Zip				Amount of Contribution (\$)	\$38.85	
		Hartford, CT 06183						
	•	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/28/2023 Campbell, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.85		
		Hartford, CT 06183						
	•	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u> </u>			
	Date 08/11/2023	Campbell, Laura				Amount of Contribution (\$)	\$38.85	
	•	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 08/25/2023	Campbell, Laura	of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.85	
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)			
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 47/525 Rpt: 50/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor out-	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$38.85
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out- Campbell, Laura Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$38.85
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat			Employer (See Instructions Travelers Indemnity Co	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.85	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Campbell, Laura				Amount of Contribution (\$)	\$38.85
	·	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Campbell, Laura	of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.85
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				Tavoloto macrimity 60			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 48/525 Rpt: 51/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.85
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/		
•		rod Dev&Strat		Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$38.85
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat			Employer (See Instructions Travelers Indemnity Co	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2023 Campbell, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.85	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Campbell, Laura	of-state PAC (ID#:			Amount of Contribution (\$)	\$38.85
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/14/2023	Carr, Daniel	of-state PAC (ID#:)		Amount of Contribution (\$)	\$59.42
	•	pation / Job title (See Instructions) Al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
		· · · · · · · · · · · · · · · · · · ·	I				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 49/525 Rpt: 52/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$59.42
_	Dringing aggr	Hartford, CT 06183	<u> </u>	Employer (Cool patruations	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor)		Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
	-	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Carr, Daniel Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$59.42		
		Hartford, CT 06183	_				
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$59.42
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$59.42
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	ZVF ACIUATI	al & Analytics		Travelers indefinitly Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 50/525 Rpt: 53/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$59.42
_	Deinsinal assu	Hartford, CT 06183	اما	Franklavian (Cala Inatriviations	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAI Carr, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183			<u></u>		
	Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics			Employer (See Instructions Travelers Indemnity Co	S)		
	Date 11/03/2023	Full name of contributor out-of-state PAI Carr, Daniel Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAI Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183	-)		Amount of Contribution (\$)	\$59.42
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAI Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183	-)		Amount of Contribution (\$)	\$59.42
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVF ACIUATIO	ar & Arranyuco		Havelets indefinitly CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 51/525 Rpt: 54/530	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ion Committee (T-PAC	<u>(</u>		00087159	
4	Date 12/15/2023	5 Full name of contributor Carr, Daniel 6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u></u>		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Carr, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Actuarial & Analytics			Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
		Hartford, CT 06183					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	VP BI Interna			TCI Global Services Inc			
	Date 07/28/2023	Full name of contributor Carty, Richard Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu VP BI Interna	pation / Job title (See Instructions) ational		Employer (See Instructions TCI Global Services Inc			
	Date 08/11/2023	Full name of contributor Carty, Richard Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu VP BI Interna	pation / Job title (See Instructions) ational		Employer (See Instructions TCI Global Services Inc			
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 52/525 Rpt: 55/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/25/2023		state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
•	Dringinal occu	Hartford, CT 06183	اه	Employer (See Instructions	·/-		
0	VP BI Interna	pation / Job title (See Instructions) ational	9	TCI Global Services Inc			
	Date 09/08/2023	Full name of contributor out-of-s Carty, Richard Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP BI Interna	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	Date 09/22/2023	Carty, Richard Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$10.00
	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	VP BI Interna			TCI Global Services Inc			
	Date 10/06/2023	Carty, Richard				Amount of Contribution (\$)	\$10.00
	Principal occu VP BI Interna	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	Date 10/20/2023	Carty, Richard				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	VP BI Interna	auonai		TCI Global Services Inc			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 53/525 Rpt: 56/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	رد 		
Ŭ	VP BI Interna			TCI Global Services Inc			
	Date 11/17/2023	Carty, Richard)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	VP BI International Date Full name of contributor ☐ out-of-state PAC (ID		-t- DAC (ID)	TCI Giobai Services inc	Г	Amount of Contribution (\$)	
	12/01/2023	Carty, Richard				, and an extra control (4)	\$10.00
		Hartford, CT 06183					
	Principal occu VP BI Interna	pation / Job title (See Instructions) ational		Employer (See Instructions TCI Global Services Inc			
	Date 12/15/2023	Carty, Richard				Amount of Contribution (\$)	\$10.00
	Principal occu VP BI Interna	pation / Job title (See Instructions) ational		Employer (See Instructions TCI Global Services Inc			
	Date 07/14/2023	Carvalho, Manuel				Amount of Contribution (\$)	\$14.62
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Clai	iii ivigiiit		Travelers Indemnity Co			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 54/525 Rpt: 57/530		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)	1	3	Filer ID (Ethics Commission 00087159	Filers)	
4	Date 07/28/2023	 Full name of contributor out-of-state PAC (ID#: Carvalho, Manuel Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$14.62	
8	Dringing agg	West Bridgewater, MA 02379 pation / Job title (See Instructions)	١٥	Employer (See Instructions	<u>''</u>			
0	Director Clai		9	Travelers Indemnity Co	o)			
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Carvalho, Manuel Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$14.62	
		West Bridgewater, MA 02379	_					
			Employer (See Instructions Travelers Indemnity Co	s)				
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Carvalho, Manuel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$14.62	
		West Bridgewater, MA 02379						
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	s)			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379)		Amount of Contribution (\$)	\$14.62	
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)			
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379			•	Amount of Contribution (\$)	\$14.62	
	Principal occu Director Clai	pation / Job title (See Instructions) m Mamt		Employer (See Instructions Travelers Indemnity Co	5)			
	Director Glai		<u> </u>	avoicio indefinity Co				

The Travelers Companies, Inc. Political Action Committee (T-PAC) 4 Date 10/06/2023 5 Full name of contributor		MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
The Travelers Companies, Inc. Political Action Committee (T-PAC) 4 Date 5 Full name of contributor out-of-state PAC (IDH:		The Instru	ction Guide explains how to complete this fo	rm.	1		
Date S Full name of contributor			ve Commonice Inc. Political Action Committee (T. DAC		3		n Filers)
Signature Sign		The Travelei	· · · · · · · · · · · · · · · · · · ·	·)	L		
B Principal occupation / Job title (See Instructions) Director Claim Mgmt Date Full name of contributor out-of-state PAC (IDIF:			Carvalho, Manuel)	7	Amount of Contribution (\$)	\$14.62
Director Claim Mgmt Date	R	Principal occu		9 Employer (See Instructions	;) 		
Date Full name of contributor Out-of-state PAC (ID#:					"		
Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/03/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Employer (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Date Full name of contributor				Travelers indefinity co	_	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/03/2023 Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$14.62
West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/03/2023 Full name of contributor Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/17/2023 Principal occupation / Job title (See Instructions) Director Claim Mgmt Carvalho, Manuel Contributor address; City; State; Zip Code Date 11/17/2023 Principal occupation / Job title (See Instructions) Director Claim Mgmt Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Travelers Indemnity Co Principal occupation / Job title (See Instructions) Director Claim Mgmt Travelers Indemnity Co Date 12/01/2023 Full name of contributor		10/20/2023					Φ14.02
Principal occupation / Job title (See Instructions) Director Claim Mgmt Date Full name of contributor out-of-state PAC (ID#:			Contributor address, City, State, 21p Code				
Date Full name of contributor out-of-state PAC (ID#:			<u> </u>				
Date Full name of contributor out-of-state PAC (ID#:					s)		
11/03/2023 Carvalho, Manuel \$14. Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date Full name of contributor out-of-state PAC (ID#:		Director Clai	m Mgmt	Travelers Indemnity Co			
West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/17/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Amount of Contribution (\$) \$10. Employer (See Instructions) Travelers Indemnity Co Employer (See Instructions) Director Claim Mgmt Travelers Indemnity Co Date 12/01/2023 Carvalho, Manuel Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Figure 12/01/2023 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)		Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 11/17/2023 Full name of contributor		11/03/2023	Carvalho, Manuel				\$14.62
Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions)			Contributor address; City; State; Zip Code				
Director Claim Mgmt Date			West Bridgewater, MA 02379				
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
11/17/2023 Carvalho, Manuel \$10. Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 12/01/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Director Clai	m Mgmt	Travelers Indemnity Co			
11/17/2023 Carvalho, Manuel \$10. Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Date 12/01/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Date 12/01/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions)		11/17/2023	l —				\$10.00
Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Date 12/01/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.					l		
Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Date 12/01/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.							
Principal occupation / Job title (See Instructions) Director Claim Mgmt Employer (See Instructions) Travelers Indemnity Co Date 12/01/2023 Carvalho, Manuel Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.			West Bridgewater, MA 02379				
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	<u> </u>	Employer (See Instructions	<u>L</u>		
12/01/2023 Carvalho, Manuel \$10. Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•			,		
12/01/2023 Carvalho, Manuel \$10. Contributor address; City; State; Zip Code West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
West Bridgewater, MA 02379 Principal occupation / Job title (See Instructions) Employer (See Instructions)		12/01/2023	l —			· ,	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
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Director Claim Mgmt Travelers Indemnity Co		•	,		s)		
		וטrector Clai	m Mgmt	Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 56/525 Rpt: 59/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	Full name of contributor Carvalho, Manuel Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$10.00
		West Bridgewater, MA 023					
8	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Checkosky, Robert Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$45.58
	Principal occu	Hartford, CT 06120 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
			Travelers Indemnity Co				
	Date 07/28/2023			•	Amount of Contribution (\$)	\$45.58	
		Hartford, CT 06120					
		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 08/11/2023	Full name of contributor Checkosky, Robert Contributor address; City; Sta Hartford, CT 06120	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$45.58
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Checkosky, Robert Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$45.58
	·	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	N :	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	i.	1	Total pages Schedule A1: Sch: 57/525 Rpt: 60/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Checkosky, Robert6 Contributor address; City; St.	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$45.58
		Hartford, CT 06120						
8		pation / Job title (See Instructions & BI Fld SIs & Dst	9		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor Checkosky, Robert Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$45.58
	Principal occu	Hartford, CT 06120 pation / Job title (See Instructions	,	_	Employer (See Instructions	<u>;)</u>		
			Travelers Indemnity Co	,,				
	Date 10/06/2023				Amount of Contribution (\$)	\$45.58		
		Hartford, CT 06120						
		pation / Job title (See Instructions & BI Fld SIs & Dst			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Checkosky, Robert Contributor address; City; St. Hartford, CT 06120	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$45.58
	•	pation / Job title (See Instructions & BI Fld SIs & Dst			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Checkosky, Robert Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
	·	pation / Job title (See Instructions & BI Fld Sls & Dst			Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 58/525 Rpt: 61/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	Checkosky, Robert	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$45.58
_	Deinainal accu	Hartford, CT 06120	lo lo	Francisco (Con Instructions			
8		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$45.58
		Hartford, CT 06120		5 1 (0 1 1 1			
		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-contributor Out-contributor address; City; State; Zip of Contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
		Hartford, CT 06120					
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Checkosky, Robert	of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
	·	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Coltea, Claudiu	of-state PAC (ID#:			Amount of Contribution (\$)	\$36.54
	·	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	2		I				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 59/525 Rpt: 62/530	
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	<u>;</u>		00087159	
4	Date 07/28/2023	 Full name of contributor Coltea, Claudiu Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183	r				
8		pation / Job title (See Instructions)	8	Employer (See Instructions			
	SVP Enterpr	ise Cust Exprnce		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Coltea, Claudiu Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183	_				
		pation / Job title (See Instructions)		Employer (See Instructions			
	SVP Enterpr	ise Cust Exprnce		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Coltea, Claudiu Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	ise Cust Exprnce		Travelers Indemnity Co	•		
	Date 09/08/2023	Full name of contributor Coltea, Claudiu Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Coltea, Claudiu Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$36.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Enterpr	ise Cust Exprnce		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 60/525 Rpt: 63/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 5 Full name of contributor	:)	7	Amount of Contribution (\$)	\$36.54
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	T _a	Employer (See Instructions	·/-		
0	·	ise Cust Exprnce	9	Travelers Indemnity Co	·)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID# Coltea, Claudiu Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183	_				
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Coltea, Claudiu Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183					
		pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID# Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$36.54
	·	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	2		<u> </u>				

	MONEI	ARY POLITICAL CONTR	IBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 61/525 Rpt: 64/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 Full name of contributor out-of-sta Coltea, Claudiu Contributor address; City; State; Zip Code 	te PAC (ID#:)	7	Amount of Contribution (\$)	\$36.54
8		Hartford, CT 06183 pation / Job title (See Instructions) ise Cust Exprnce	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> ;;)		
	Date 12/29/2023	Full name of contributor out-of-state Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183	te PAC (ID#:)		Amount of Contribution (\$)	\$36.54
		pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-sta Connaughton, Joseph Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Dir Environm	nental Coverage SRG		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-stall Connaughton, Joseph Contributor address; City; State; Zip Code Hartford, CT 06183	te PAC (ID#: e)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 08/11/2023	Full name of contributor out-of-stall Connaughton, Joseph Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 62/525 Rpt: 65/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Hartford, CT 06183	lo lo	Franks on (Cooks to the stip on	<u></u>		
8		pation / Job title (See Instructions) nental Coverage SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-sta Connaughton, Joseph Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state Connaughton, Joseph Contributor address; City; State; Zip Cod	ate PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Connaughton, Joseph)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state Connaughton, Joseph Contributor address; City; State; Zip Cod Hartford, CT 06183	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 63/525 Rpt: 66/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor ou Connaughton, Joseph Contributor address; City; State; Ziph 	t-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor ou Connaughton, Joseph Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor ou Connaughton, Joseph Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor ou connaughton, Joseph Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor ou Costa, James Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 64/525 Rpt: 67/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor out-of-state PAC (ID#: Costa, James Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Lees Summit, MO 64081	10		<u></u>		
8	UW Officer S	pation / Job title (See Instructions) Select	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Lees Summit, MO 64081 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	UW Officer S			Travelers Indemnity Co	,		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_Costa, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Lees Summit, MO 64081					
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)	•	Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)		Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 65/525 Rpt: 68/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PAC (ID#: Costa, James Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing! aggs	Lees Summit, MO 64081	١٥	Employer (See Instructions	<u></u>		
8	UW Officer S	pation / Job title (See Instructions) Select	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#; Costa, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Lees Summit, MO 64081 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
	UW Officer S			Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Costa, James Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Lees Summit, MO 64081					
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)	•	Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)		Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 66/525 Rpt: 69/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Lees Summit, MO 64081		Franks var (Caa kastu atiana	<u></u>		
8	UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-state F Crichton, Peter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183			_		
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 07/28/2023	Full name of contributor out-of-state F Crichton, Peter Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-state F Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state F Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 67/525 Rpt: 70/530	
2	FILER NAME	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
	Date	5 Full name of contributor out-of-state PAG			7	Amount of Contribution (\$)	
4	09/08/2023	Crichton, Peter	,		ľ	Amount of Contribution (4)	\$39.42
		6 Contributor address; City; State; Zip Code					
_	5: : 1	Hartford, CT 06183		- · · · · · · · · · · · · · · · · · · ·	Ĺ		
8	Principal occu 2VP Affinity	pation / Job title (See Instructions)	9	Employer (See Instructions Travelors Indomnity Co.	5)		
				Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	****
	09/22/2023						\$39.42
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
	2VP Affinity	,		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	10/06/2023	Crichton, Peter				, ,	\$39.42
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	10/20/2023	Crichton, Peter					\$39.42
		Contributor address; City; State; Zip Code			1		
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	2VP Affinity			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	11/03/2023	Crichton, Peter					\$39.42
		Contributor address; City; State; Zip Code			1		
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Affinity			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 68/525 Rpt: 71/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor out-of-state PAC (I Crichton, Peter Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$39.42
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (I Crichton, Peter Contributor address; City; State; Zip Code		Travelers Indemnity Co		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (I Crichton, Peter Contributor address; City; State; Zip Code	ID#:		•	Amount of Contribution (\$)	\$39.42
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (I Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (I Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) O Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL COI	VIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this for	n.	1	Total pages Schedule A1: Sch: 69/525 Rpt: 72/530	
2	FILER NAME		/		3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Action				00087159	
4	Date 07/28/2023	 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	SVP & Grou	p Gen Counsel Claim		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Grou	p Gen Counsel Claim		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Grou	p Gen Counsel Claim		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Grou	p Gen Counsel Claim		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Grou	p Gen Counsel Claim		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 70/525 Rpt: 73/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PAG Cruz, Alexia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	•	p Gen Counsel Claim	9	Travelers Indemnity Co	»)		
	Date 10/20/2023	Full name of contributor out-of-state PAG Cruz, Alexia Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAG Cruz, Alexia Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAG Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAG Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 71/525 Rpt: 74/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	Cruz, Alexia	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	١٥	Employer (See Instructions	·/-		
•	•	p Gen Counsel Claim		Travelers Indemnity Co	•)		
	Date 07/14/2023	Full name of contributor on the contributor of contributor of contributor of contributor address; City; State; Z)		Amount of Contribution (\$)	\$46.54
		Hartford, CT 06183	<u> </u>				
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor o Dauria, Kathleen Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.54
		Hartford, CT 06183					
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor on the contributor of contributor address; City; State; Zontributor, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.54
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor on the contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.54	
	Principal occu VP Comm ar	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 72/525 Rpt: 75/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	5 Full name of contributor Dauria, Kathleen	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.54
_	Delinational annual	Hartford, CT 06183	To To	Farada and (One backward)	Ĺ		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Dauria, Kathleen Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$46.54
	Dein ein al. a. a.	Hartford, CT 06183		Farada and (One backward)			
	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Dauria, Kathleen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.54
		Hartford, CT 06183					
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/20/2023	Full name of contributor Dauria, Kathleen Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.54
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Dauria, Kathleen Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.54
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	VP Comm ar	iu Cust. Exp		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 73/525 Rpt: 76/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	5 Full name of contributor out-o	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$46.54
_	Deinsinal assu	Hartford, CT 06183	lo.	Frankrian (Can Instructions	<u></u>		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-o Dauria, Kathleen Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$46.54
	Dein sin al acces	Hartford, CT 06183		Familia de la companiona	<u></u>		
	VP Comm a	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-o Dauria, Kathleen Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$46.54
		Hartford, CT 06183					
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Dauria, Kathleen	f-state PAC (ID#:			Amount of Contribution (\$)	\$46.54
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	DeWitte, Jonathan	f-state PAC (ID#:			Amount of Contribution (\$)	\$79.33
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Soverno						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 74/525 Rpt: 77/530	
2	FILER NAME	s Companies, Inc. Political Actior	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date	<u> </u>	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/28/2023	DeWitte, Jonathan		,		、 ,	\$79.33
		6 Contributor address; City; State;	Zip Code				
		Washington, DC 20005					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP Gov't Re	ations		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/11/2023	DeWitte, Jonathan					\$79.33
		Contributor address; City; State;	Zip Code				
		Washington, DC 20005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Gov't Relations			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/25/2023	DeWitte, Jonathan					\$79.33
		Contributor address; City; State; Washington, DC 20005	Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	VP Gov't Re	lations		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/08/2023	DeWitte, Jonathan					\$79.33
		Contributor address; City; State;	Zip Code				
		Washington, DC 20005					
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/22/2023	DeWitte, Jonathan					\$79.33
		Contributor address; City; State;	Zip Code				
		Washington, DC 20005					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Gov't Re	ations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 75/525 Rpt: 78/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor DeWitte, Jonathan	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$79.33
_	Dringing aggr	Washington, DC 20005	lo.	Employer (Coo Instructions	<u>, </u>		
ŏ	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor DeWitte, Jonathan Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$79.33
		Washington, DC 20005					
	Principal occup VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor DeWitte, Jonathan Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$79.33
		Washington, DC 20005					
	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor DeWitte, Jonathan Contributor address; City; State Washington, DC 20005	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$79.33
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 12/01/2023	Full name of contributor DeWitte, Jonathan Contributor address; City; State Washington, DC 20005	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$79.33
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 76/525 Rpt: 79/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$79.33
ρ	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	VP Gov't Re			Travelers Indemnity Co	')		
	Date 12/29/2023	Full name of contributor out-of- DeWitte, Jonathan Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$79.33
	Deire sin al access	Washington, DC 20005	1	Farabasa (On the treation			
	VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of- Devine, William Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$108.17
		Hartford, CT 06183					
		pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/28/2023	Devine, William	-state PAC (ID#:			Amount of Contribution (\$)	\$108.17
		pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Devine, William	-state PAC (ID#:			Amount of Contribution (\$)	\$108.17
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	ST. Busines		1				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 77/525 Rpt: 80/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	 Full name of contributor	,)	7	Amount of Contribution (\$)	\$108.17
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/-		
0	•	es Capabilities BI	9	Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code	,)	•	Amount of Contribution (\$)	\$108.17
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$108.17
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$108.17
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183	,)		Amount of Contribution (\$)	\$108.17
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	OV. Busines	о саравшие в	<u> </u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 78/525 Rpt: 81/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	 Full name of contributor	,		7	Amount of Contribution (\$)	\$108.17
_	Dringing Loon	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
0	•	pation / Job title (See Instructions) ss Capabilities BI	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$108.17
	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	•	ss Capabilities BI		Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$108.17
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$108.17
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183	,)		Amount of Contribution (\$)	\$108.17
	•	pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 79/525 Rpt: 82/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor out-of-state out-of-state out-of-state 6 Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$43.27
•	Dringinal occu	Hartford, CT 06183	ام	Employer (See Instructions	<u>''</u>		
0	Executive Co	pation / Job title (See Instructions) ounsel	9	Travelers Indemnity Co			
	Date 07/28/2023	Dube, Lori	PAC (ID#:)		Amount of Contribution (\$)	\$43.27
	D: : 1	Hartford, CT 06183			Ĺ		
	Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor out-of-state Dube, Lori Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Dube, Lori	PAC (ID#:		•	Amount of Contribution (\$)	\$43.27
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	-		
	Date 09/08/2023	Full name of contributor out-of-state Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.27
	Principal occu Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Executive of	Juli 1901		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 80/525 Rpt: 83/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	 Full name of contributor out-of-state Parameter out-of-state out-of-st	AC (ID#:)	7	Amount of Contribution (\$)	\$43.27
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	Executive Co			Travelers Indemnity Co	>)		
	Date 10/06/2023	Full name of contributor out-of-state Pa Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.27
	Deinainal assu	Hartford, CT 06183		Franks von (Cookstant)	<u></u>		
	Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state Part Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183					
	Principal occur Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state Pa Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$43.27
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state Part Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$43.27
	Principal occur Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 81/525 Rpt: 84/530	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac		3)		00087159	
4	Date 12/01/2023	5 Full name of contributorDube, Lori6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Executive Co			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Dube, Lori Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Executive Co	ounsel		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Dube, Lori Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Executive Co			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Ebersole, Jodi Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.37
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Ebersole, Jodi Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$28.37
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 82/525 Rpt: 85/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor out-of-state PAC (I Ebersole, Jodi 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$28.37
8	Dringinal accu	Hartford, CT 06183	la la	Employer (See Instructions	·/-		
0	Group Gene	pation / Job title (See Instructions) ral Counsel	9	Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.37
		Hartford, CT 06183			<u> </u>		
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$28.37
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$28.37
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$28.37
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Group Gene	iai Cuulisei		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 83/525 Rpt: 86/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor out-of-state PAC (II Ebersole, Jodi 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$28.37
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
0	Group Gene			Travelers Indemnity Co	>)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (II Ebersole, Jodi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.37
	Deinainal assu	Hartford, CT 06183		Franks on (Cas Instructions	<u></u>		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (II Ebersole, Jodi Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$28.37
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (II Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$28.37
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$28.37
	Principal occu Group Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Group Gene	Tal Courist		Travelers indefinity CO			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 84/525 Rpt: 87/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$28.37
8		Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 07/14/2023	Full name of contributor Eckert, Karen Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	Travelers Indemnity Co		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183 pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Cockert, Karen Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183	<u>, </u>				
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor Eckert, Karen Contributor address; City; State; Hartford, CT 06183	Dut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 85/525 Rpt: 88/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor out-of-state PAC (ID Eckert, Karen 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Hartford, CT 06183	<u> </u>		<u></u>		
8	•	pation / Job title (See Instructions) Field Solutions-PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID Eckert, Karen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (IDE) Eckert, Karen Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID Eckert, Karen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (IDECKERT, Karen Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 86/525 Rpt: 89/530	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC	()		00087159	
4	Date 11/17/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u>L</u> 3)		
		Field Solutions-PI		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Eckert, Karen Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Agent &	Field Solutions-PI		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor [Eckert, Karen Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
		Field Solutions-PI		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Ferren, William Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Co	ounsel Claim		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Ferren, William Contributor address; City; Stat Blue Bell, PA 19422	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$40.38
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Co	ounsel Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 87/525 Rpt: 90/530	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159	
4	Date 08/11/2023	5 Full name of contributor Ferren, William6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>I </u>		
		ounsel Claim		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Ferren, William Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Managing Counsel Claim		Travelers Indemnity Co				
	Date 09/08/2023	Full name of contributor Ferren, William Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Managing Co	ounsel Claim		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Ferren, William Contributor address; City; St Blue Bell, PA 19422	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.38
		pation / Job title (See Instructions)	Employer (See Instructions			
	Managing Co	ounsel Claim		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Ferren, William Contributor address; City; St Blue Bell, PA 19422	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Managing Co	ounsel Claim		Travelers Indemnity Co			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 88/525 Rpt: 91/530		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)	
4	Date 10/20/2023	 Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code 	#:		7	Amount of Contribution (\$)	\$40.38	
_	Dringing! aggr	Blue Bell, PA 19422	10	Employer (See Instructions	<u></u>			
8		pation / Job title (See Instructions) ounsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)			
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.38	
		Blue Bell, PA 19422	_		<u></u>			
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$40.38	
		Blue Bell, PA 19422						
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)			
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422			•	Amount of Contribution (\$)	\$40.38	
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422)		Amount of Contribution (\$)	\$40.38	
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 89/525 Rpt: 92/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor of contri	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.38
_	Dringing age	Blue Bell, PA 19422	lo.	Employer (Coo Instructions	_		
8	Managing Co	pation / Job title (See Instructions) punsel Claim		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/14/2023	Flanagan, Barbara Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP HR - Clai			Travelers Indemnity Co	•		
	Date 07/28/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/11/2023	Full name of contributor of contributor of contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor of Flanagan, Barbara Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL (SCHEDULE A1					
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 90/525 Rpt: 93/530	
2	FILER NAME The Traveler	s Companies, Inc. Political A	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributorFlanagan, Barbara6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183						
8	Principal occu VP HR - Clai	pation / Job title (See Instructions m	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Flanagan, Barbara Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$52.88
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	9		Employer (See Instructions	;) 		
	VP HR - Clai				Travelers Indemnity Co	,,		
	Date 10/06/2023	Full name of contributor Flanagan, Barbara Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183						
	Principal occu VP HR - Cla	pation / Job title (See Instructions m	5)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor Flanagan, Barbara Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions m	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Flanagan, Barbara Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions m	(3)		Employer (See Instructions Travelers Indemnity Co	s)		
			<u>I</u>					

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 91/525 Rpt: 94/530		
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)	
4	Date 11/17/2023	5 Full name of contributor Flanagan, Barbara6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88	
0	Dringing aggr	Hartford, CT 06183	\		Employer (See Instructions	·/-			
8	VP HR - Clai	pation / Job title (See Instructions im) 9		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 12/01/2023	Full name of contributor Flanagan, Barbara Contributor address; City; St)		Amount of Contribution (\$)	\$52.88	
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	,	_	Employer (See Instructions	·/_			
	VP HR - Clai		,		Travelers Indemnity Co)			
	Date 12/15/2023	Full name of contributor Flanagan, Barbara Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$52.88	
		Hartford, CT 06183							
	Principal occu VP HR - Clai	pation / Job title (See Instructions im)		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 12/29/2023	Full name of contributor Flanagan, Barbara Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$52.88	
	Principal occu VP HR - Clai	I pation / Job title (See Instructions im)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>			
	Date 07/14/2023	Full name of contributor Forshey, James Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00	
	•	pation / Job title (See Instructions gmt Bond & SI)		Employer (See Instructions Travelers Indemnity Co	5)			
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 92/525 Rpt: 95/530	
2	FILER NAME The Traveler	's Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	5 Full name of contributor Forshey, James	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_		Hartford, CT 06183		5 1 (0 1 1 1	Ĺ		
8		pation / Job title (See Instructions) gmt Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Forshey, James Contributor address; City; State				Amount of Contribution (\$)	\$10.00
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
		gmt Bond & SI		Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor Forshey, James Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Forshey, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Forshey, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 93/525 Rpt: 96/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	5 Full name of contributor Forshey, James	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	D: : 1	Hartford, CT 06183		5 1 (0 1 : "	<u></u>		
8		pation / Job title (See Instructions) gmt Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/20/2023	Full name of contributor Forshey, James Contributor address; City; State)		Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Hartford, CT 06183		Franks var (Caa kratii vationa	<u></u>		
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Forshey, James Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Forshey, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Forshey, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	SVF FIEIU IVI	yini bunu a si		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 94/525 Rpt: 97/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 Full name of contributor	,)	7	Amount of Contribution (\$)	\$25.00
•	Dringinal accu	Hartford, CT 06183	ام	Employer (See Instructions	·/-		
0		pation / Job title (See Instructions) gmt Bond & SI		Travelers Indemnity Co	»)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Frank, Lindsay Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$15.38
	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
		ment Relations		Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Frank, Lindsay Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Frank, Lindsay Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$15.38
	'	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Frank, Lindsay Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$15.38
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	g. Govern	TOTAL TOTALIONS					

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 95/525 Rpt: 98/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	 Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$15.38
8	Dringinal occu	Hartford, CT 06183	ام	Employer (See Instructions	·/-		
0		pation / Job title (See Instructions) ment Relations	9	Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$15.38
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$15.38
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	g. Govern	TOTAL TOTAL OFFICE AND ADDRESS OF THE PARTY					

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N:	5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm	ı .	1	Total pages Schedule A1: Sch: 96/525 Rpt: 99/530	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Ac	tion Committee (T-PAC	(C)			00087159	
4	Date 11/17/2023	5 Full name of contributor Frank, Lindsay6 Contributor address; City; States	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions))	9	Employer (See Instructions)		
	Mgr Governr	ment Relations		-	Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$15.38
	Deinsinal assu	Hartford, CT 06183	, T		Translavar (Caa Instructions			
		pation / Job title (See Instructions) ment Relations)		Employer (See Instructions Travelers Indemnity Co)		
					Travelers indefinitly Co			
	Date 12/15/2023	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions))	ı	Employer (See Instructions)		
	Mgr Governr	ment Relations		-	Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.38
	·	pation / Job title (See Instructions))		Employer (See Instructions)		
	Mgr Governr	ment Relations			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor French, David Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$115.38
	Principal occu	pation / Job title (See Instructions))	I	Employer (See Instructions)		
	SVP & CFO	Personal Insurance		<u> </u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 97/525 Rpt: 100/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$115.38
_	Duinning Langu	Hartford, CT 06183	٦٥				
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor				Amount of Contribution (\$)	\$115.38
	Deinsinal assu	Hartford, CT 06183	_	Franks on (Cas Instructions	<u></u>		
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# French, David Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$115.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID# French, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$115.38
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# French, David Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$115.38
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
		1 Gradital insurance	1	Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 98/525 Rpt: 101/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$115.38
•	Dringing Lagge	Hartford, CT 06183	ا م	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID French, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$115.38
	Deireciant	Hartford, CT 06183		Fanda and (Carabantan times	$\overline{\Gamma}$		
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (IDFrench, David Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$115.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID French, David Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$115.38
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID French, David Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$115.38
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 99/525 Rpt: 102/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state PAC (II French, David Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$115.38
_	Delicalizado a	Hartford, CT 06183		Faralessa (Octobrationalism			
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (II French, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$115.38
	Deinsinal sass	Hartford, CT 06183			_		
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (II Frey, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183	_				
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (II Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (II Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 100/525 Rpt: 103/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	 5 Full name of contributor out-of-state P Frey, Daniel 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$208.33
0	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)	10	Employer (See Instructions	·/		
0		Financial Officer	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code	,)		Amount of Contribution (\$)	\$208.33
	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
		Financial Officer		Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 101/525 Rpt: 104/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$208.33
0	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
•		Financial Officer		Travelers Indemnity Co	•)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (Frey, Daniel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$208.33
	Dringing! agg.	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (Frey, Daniel Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 102/525 Rpt: 105/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 5 Full name of contributor out-of-state PAC Fuller, Stephen 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$87.65
_	Deinsinal assu	Washington, DC 20005	- 10	Franksian (Cook Instructions	<u></u>		
8	VP Int'l Exte	pation / Job title (See Instructions) rnal Affairs	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$87.65
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Int'l Exter			Travelers Indemnity Co	-,		
	Date 08/25/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$87.65
		Washington, DC 20005					
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 09/22/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 103/525 Rpt: 106/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$87.65
_	Deinainal assu	Washington, DC 20005	l _o	Franksian (Cook batwatian	<u></u>		
8	VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$87.65
	Principal occur	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	VP Int'l Exter			Travelers Indemnity Co	-,		
	Date 11/03/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$87.65
		Washington, DC 20005					
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 104/525 Rpt: 107/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state PAC (II Fuller, Stephen Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$87.65
_	<u> </u>	Washington, DC 20005	1.		<u></u>		
8	VP Int'l Exte	pation / Job title (See Instructions) rnal Affairs	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (II Fuller, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$87.65
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
	VP Int'l Exter	,		Travelers Indemnity Co	,		
	Date 07/14/2023	Full name of contributor out-of-state PAC (II Galvin, Jason Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (II Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (II Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 105/525 Rpt: 108/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$153.85
_	Dringing! aggs	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u></u>		
8		Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$153.85
	Dringing! aggs	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$153.85
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 106/525 Rpt: 109/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	Full name of contributor Galvin, Jason Contributor address; City; Star)	7	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor [Galvin, Jason Contributor address; City; Star)		Amount of Contribution (\$)	\$153.85
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	SVP & Chief	Information Ofcr		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Galvin, Jason Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor [Galvin, Jason Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$153.85
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor Galvin, Jason Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	NS 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 107/525 Rpt: 110/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC))	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor Garten, Cynthia6 Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code		7	Amount of Contribution (\$)	\$51.92
		Hartford, CT 06183					
8		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instruction Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Garten, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$51.92
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instruction	<u> </u> s)		
		sonal Insurance		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Garten, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$51.92
		Hartford, CT 06183					
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instruction Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Garten, Cynthia Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$51.92
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instruction Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Garten, Cynthia Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$51.92
		pation / Job title (See Instructions) sonal Insurance	(Employer (See Instruction Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 108/525 Rpt: 111/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	·	ate PAC (ID#:		7	Amount of Contribution (\$)	\$51.92
_	Dringing age	Hartford, CT 06183	lo lo	Employer (Coo Instructions	<u></u>		
0		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instructions Travelers Indemnity Co	•)		
	Date 10/06/2023	Garten, Cynthia				Amount of Contribution (\$)	\$51.92
		Hartford, CT 06183	· · · · · · · · · · · · · · · · · · ·				
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-sta Garten, Cynthia Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$51.92
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Garten, Cynthia				Amount of Contribution (\$)	\$51.92
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/17/2023	Garten, Cynthia				Amount of Contribution (\$)	\$51.92
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 109/525 Rpt: 112/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$51.92
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u>, </u>		
8		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-sta Garten, Cynthia Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$51.92
	Deinsinal assu	Hartford, CT 06183		Frankrian (Can Instructions	<u></u>		
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-sta Garten, Cynthia Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$51.92
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Gartner, Francis				Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/28/2023	Full name of contributor out-of-state Gartner, Francis Contributor address; City; State; Zip Cod Blue Bell, PA 19422	ate PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 110/525 Rpt: 113/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor out-of-star Gartner, Francis	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$8.33
		Blue Bell, PA 19422	 				
8		pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Gartner, Francis				Amount of Contribution (\$)	\$8.33
	Delicalisation	Blue Bell, PA 19422		Faralasas (Caralasatasatiana	_		
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Gartner, Francis Contributor address; City; State; Zip Code	ate PAC (ID#:)		Amount of Contribution (\$)	\$8.33
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Gartner, Francis				Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 10/06/2023	Full name of contributor out-of-state Gartner, Francis Contributor address; City; State; Zip Code Blue Bell, PA 19422	ate PAC (ID#:			Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 111/525 Rpt: 114/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor out-of-s Gartner, Francis	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$8.33
		Blue Bell, PA 19422					
8	Sr Counsel F	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-s Gartner, Francis Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$8.33
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-s Gartner, Francis Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$8.33
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Gartner, Francis				Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-s Gartner, Francis Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$8.33
	·	pation / Job title (See Instructions) Practice Grp Ldr		Employer (See Instructions Travelers Indemnity Co	5)		
	Ji Courisei r	ractice Cip Lui		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 112/525 Rpt: 115/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)	1	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor out-of-state PAC (ID Gee, Patrick 6 Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$37.60
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	-, 		
0	SVP Claim F		ا	Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Gee, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID Gee, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$37.60
	Principal occu SVP Claim P	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$37.60
	Principal occu SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	SVI CIAIII F	S. S. S. M. H. S.		avoioio inacimility CO			

	MONEI	ARY POLITICAL CON	TRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this for	n.	1	Total pages Schedule A1: Sch: 113/525 Rpt: 116/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action C	committee (T-PAC)			00087159	
4	Date 09/22/2023	 5 Full name of contributor ou Gee, Patrick 6 Contributor address; City; State; Zip 	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	SVP Claim F			Travelers Indemnity Co	,		
	Doto	Full name of contributor	Lafatata DAG (ID)			Amount of Contribution (4)	
	Date 10/06/2023	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$37.60
	10/00/2023		- 0 - 1 -				Ψ37.00
		Contributor address; City; State; Zi _l	o Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions)		
	SVP Claim F			Travelers Indemnity Co	,		
	Date	Full name of contributor	t-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/20/2023	Gee, Patrick	-01-state PAC (ID#	J		Amount of Contribution (\$)	\$37.60
	10/20/2020						φ01.00
		Contributor address; City; State; Zip	Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	SVP Claim F			Travelers Indemnity Co	,		
	Date	Full name of contributor ou	t of state DAC (ID)			Amount of Contribution (\$)	
	11/03/2023	Gee, Patrick	t-of-state PAC (ID#:)		Amount of Continuation (\$)	\$37.60
	11/03/2023						Φ37.00
		Contributor address; City; State; Zi	o Code				
		Hartford, CT 06183					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Claim F	,		Travelers Indemnity Co	,		
				Travelere indenting ee		A (O ') (A)	
	Date		t-of-state PAC (ID#:)		Amount of Contribution (\$)	407.00
	11/17/2023	Gee, Patrick					\$37.60
		Contributor address; City; State; Zip	o Code				
		Hartford CT 06192					
	Dringing asset	Hartford, CT 06183	<u> </u>	Employer (Coo Instructions			
	SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	3VP CIAIIII F	CISUIIAI IIIS		Travelets indefilling C0			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 114/525 Rpt: 117/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159	
4	Date 12/01/2023	5 Full name of contributorGee, Patrick6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instruct	tions)		
	SVP Claim F			Travelers Indemnity			
	Date 12/15/2023	Full name of contributor Gee, Patrick Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instruct			
	SVP Claim F	Personal Ins		Travelers Indemnity	Со		
	Date 12/29/2023	Full name of contributor Gee, Patrick Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$37.60
		Hartford, CT 06183					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instruct	ions)		
	SVP Claim F			Travelers Indemnity			
	Date 07/14/2023	Full name of contributor Gehrhardt, Beth Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$43.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	,		
	VP Human F	Resources		Travelers Indemnity	Со		
	Date 07/28/2023	Full name of contributor Gehrhardt, Beth Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$43.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
	VP Human F	Resources		Travelers Indemnity	Со		

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 115/525 Rpt: 118/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$43.85
	Dringing aggr	Hartford, CT 06183	lo lo	Employer (See Instructions	<u>''</u>		
8	VP Human R	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.85
		Hartford, CT 06183		5 1 (0 1 : :	<u></u>		
	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$43.85
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$43.85
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$43.85
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 116/525 Rpt: 119/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state Gehrhardt, Beth 6 Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$43.85
0	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>,,</u>		
<u> </u>	VP Human R	pation / Job title (See Instructions) Resources	9	Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$43.85
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	<u>''</u>		
	VP Human R	pation / Job title (See Instructions) Resources		Travelers Indemnity Co	·)		
	Date 11/17/2023	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$43.85
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.85
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$43.85
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 117/525 Rpt: 120/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor ou Gehrhardt, Beth	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$43.85
_		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
8	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Gerstman, Anne Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Sr Dir Circle	Lead - Tech		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor ou Gerstman, Anne Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor ou Gerstman, Anne Contributor address; City; State; Zip Hunt Valley, MD 21031	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/25/2023	Full name of contributor ou Gerstman, Anne Contributor address; City; State; Zij Hunt Valley, MD 21031	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 118/525 Rpt: 121/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Gerstman, Anne	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_		Hunt Valley, MD 21031			<u> </u>		
8	Sr Dir Circle			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Gerstman, Anne Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Sr Dir Circle	,		Travelers Indemnity Co	')		
	Date 10/06/2023	Full name of contributor Gerstman, Anne Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Gerstman, Anne Contributor address; City; State Hunt Valley, MD 21031	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	<u>. </u>		
	Date 11/03/2023	Full name of contributor Gerstman, Anne Contributor address; City; State Hunt Valley, MD 21031	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 119/525 Rpt: 122/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor Gerstman, Anne	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
_		Hunt Valley, MD 21031	1-				
8	Principal occu Sr Dir Circle			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Gerstman, Anne Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Sr Dir Circle			Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor Gerstman, Anne Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor Gervino, Elena Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Gervino, Elena Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 120/525 Rpt: 123/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 5 Full name of contributor out Gervino, Elena 6 Contributor address; City; State; Zip 	r-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	<u>)</u>		
Ü	VP Subrogat			Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip	or-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip	c-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip Hartford, CT 06183	o Code			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip Hartford, CT 06183	o Code			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 121/525 Rpt: 124/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor ou ou ou	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	VP Subrogat			Travelers Indemnity Co	•)		
	Date 11/03/2023	Full name of contributor ou Gervino, Elena Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:) [
	VP Subrogat			Travelers Indemnity Co	',		
	Date 11/17/2023	Full name of contributor ou Gervino, Elena Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor ou Gervino, Elena Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor ou Gervino, Elena Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N:	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 122/525 Rpt: 125/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Ac	tion Committee (T-PAC	.C)			00087159	
4	Date 07/14/2023	5 Full name of contributorGibbons, Myles6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183						
8		pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres CA	AG & CUO Mid Mkt			Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183						
	•	pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres CA	AG & CUO Mid Mkt		•	Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)))		
	•	AG & CUO Mid Mkt	,		Travelers Indemnity Co	,		
	Date 08/25/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
	•	pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres CA	AG & CUO Mid Mkt			Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$82.69
	Principal occu	pation / Job title (See Instructions))	ı	Employer (See Instructions)		
	SVP Pres CA	AG & CUO Mid Mkt		-	Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 123/525 Rpt: 126/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	.C)			00087159	
4	Date 09/22/2023	5 Full name of contributorGibbons, Myles6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$82.69
_	Deinsinal case	Hartford, CT 06183		0	Frankrijer (Cook patrijetina			
8		pation / Job title (See Instructions)			Employer (See Instructions)		
	SVP Pres C/	AG & CUO Mid Mkt			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres C	AG & CUO Mid Mkt			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	·	AG & CUO Mid Mkt	,		Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
	•	pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres C/	AG & CUO Mid Mkt			Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Gibbons, Myles Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.69
	Principal occu	pation / Job title (See Instructions))		Employer (See Instructions)		
	SVP Pres C	AG & CUO Mid Mkt			Travelers Indemnity Co			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 124/525 Rpt: 127/530)
2	FILER NAME	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
_		·		'	L		
4	Date 12/01/2023	5 Full name of contributor Gibbons, Myles6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$82.69
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions) 		
٠		AG & CUO Mid Mkt	ľ	Travelers Indemnity Co	')		
	377 7163 67			Travelers indefinity Co	_		
	Date 12/15/2023	Full name of contributor Gibbons, Myles Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Gibbons, Myles Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	., 		
	·	AG & CUO Mid Mkt		Travelers Indemnity Co	')		
				Travelers indefinity 66	_		
	Date 07/14/2023	Full name of contributor Gifford, Bruce Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$142.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Chief A	ctuary BI		Travelers Indemnity Co			
	Date 07/28/2023	Gifford, Bruce Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183			Ĺ		
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 125/525 Rpt: 128/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$142.31
Ω	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·)		
0	SVP Chief A			Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Gifford, Bruce Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183					
	SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Gifford, Bruce Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183					
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$142.31
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$142.31
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 126/525 Rpt: 129/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$142.31
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u>:)</u>		
•	SVP Chief A			Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183	ı		<u></u>		
	SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183					
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$142.31
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$142.31
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 127/525 Rpt: 130/530	0		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)		
4	Date 12/29/2023	 5 Full name of contributor	AC (ID#:		7	Amount of Contribution (\$)	\$142.31		
	Dringing! goog	Hartford, CT 06183	اما	Employer (See Instructions	·/				
0	SVP Chief A	pation / Job title (See Instructions) ctuary BI	9	Travelers Indemnity Co	•)				
	Date 07/14/2023	Full name of contributor out-of-state PA Goldberg, Jeff Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$32.88		
		Chicago, IL 60601			<u></u>				
	Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)				
	Date 07/28/2023	Full name of contributor out-of-state PA Goldberg, Jeff Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$32.88		
		Chicago, IL 60601							
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)				
	Date 08/11/2023	Full name of contributor out-of-state PA Goldberg, Jeff Contributor address; City; State; Zip Code Chicago, IL 60601				Amount of Contribution (\$)	\$32.88		
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)				
	Date 08/25/2023	Full name of contributor out-of-state PA Goldberg, Jeff Contributor address; City; State; Zip Code Chicago, IL 60601				Amount of Contribution (\$)	\$32.88		
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)				
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 128/525 Rpt: 131/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	 Full name of contributor out-of-state out-o	e PAC (ID#:)	7	Amount of Contribution (\$)	\$32.88
8	Dringinal accu	pation / Job title (See Instructions)	ام	Employer (See Instructions	-/- 		
0	Sr Counsel (•	Travelers Indemnity Co			
	Date 09/22/2023	Goldberg, Jeff)		Amount of Contribution (\$)	\$32.88
		Chicago, IL 60601					
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Goldberg, Jeff Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$32.88
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Sr Counsel C			Travelers Indemnity Co	•		
	Date 10/20/2023	Goldberg, Jeff Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$32.88
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Sr Counsel C	,		Travelers Indemnity Co	,		
	Date 11/03/2023	Goldberg, Jeff			•	Amount of Contribution (\$)	\$32.88
		pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Counsel C	LIAIIII		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 129/525 Rpt: 132/530)
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)			00087159	
4	Date 11/17/2023	5 Full name of contributor [Goldberg, Jeff6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$32.88
		Chicago, IL 60601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Sr Counsel 0	Claim		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor [Goldberg, Jeff Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$32.88
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	Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				Travelers indefinitly Co			
	Date 12/15/2023	Full name of contributor [Goldberg, Jeff Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$32.88
		Chicago, IL 60601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Sr Counsel (Claim		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Goldberg, Jeff Contributor address; City; Sta Chicago, IL 60601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$32.88
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/14/2023	Full name of contributor [Goldstein, Abbe Contributor address; City; Sta New York City, NY 10017	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Investo	r Relations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 130/525 Rpt: 133/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	New York City, NY 10017	اما	Formula con (Constructions			
8	SVP Investo	pation / Job title (See Instructions) r Relations	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Contributor address; City; State; Zip Code	,		•	Amount of Contribution (\$)	\$100.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SVP Investo	r Relations		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PAC Goldstein, Abbe Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$100.00
		New York City, NY 10017					
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 131/525 Rpt: 134/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$100.00
_		New York City, NY 10017			<u> </u>		
8	SVP Investo	pation / Job title (See Instructions) r Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	SVP Investo			Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor	C (ID#:			Amount of Contribution (\$)	\$100.00
		New York City, NY 10017					
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PA Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PA Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 132/525 Rpt: 135/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	5 Full name of contributor Goldstein, Abbe	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_		New York City, NY 10017	Į_		_		
8	Principal occu SVP Investo			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State;				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	Sr Dir Data N	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	'	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 133/525 Rpt: 136/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Goodwin, Douglas	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
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8	Sr Dir Data N	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State;)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183	1				
	Principal occu Sr Dir Data N	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183	<u> </u>		<u> </u>		
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Dir Data N	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 11/03/2023	Full name of contributor Goodwin, Douglas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 134/525 Rpt: 137/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	5 Full name of contributor out-of-state Goodwin, Douglas)	7	Amount of Contribution (\$)	\$10.00
_	Dringing age	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8	Sr Dir Data N	pation / Job title (See Instructions) Management	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state Goodwin, Douglas Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183			<u> </u>		
	Principal occu Sr Dir Data N	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state Goodwin, Douglas Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	-	pation / Job title (See Instructions) Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Gorecki, John	PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 135/525 Rpt: 138/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	·	e PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
•		pation / Job title (See Instructions) duct & Services	9	Travelers Indemnity Co	•)		
	Date 08/25/2023	Gorecki, John	PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	•	duct & Services		Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Gorecki, John	PAC (ID#:			Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 136/525 Rpt: 139/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state Gorecki, John 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_	Deinsinal assu	Hartford, CT 06183	10	Franks von (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) duct & Services	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$15.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	duct & Services		Travelers Indemnity Co	"		
	Date 11/17/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)	•	Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	333110	audi a Scrivios	I	voicio indefinity Co			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 137/525 Rpt: 140/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$47.12
_	D: : 1	Houston, TX 77041	la la	5 1 (0 1 1 1	<u>L</u>		
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor				Amount of Contribution (\$)	\$47.12
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041				Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041)		Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	KVP Const E	Energy & Marine		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 138/525 Rpt: 141/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		00087159	
4	Date 09/22/2023	5 Full name of contributor [Griffard, Julie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		Energy & Marine		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor [Griffard, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$47.12
	Dringing con	Houston, TX 77041		Employer (See Instructions	_		
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co)		
				Travelers indefinity Co			
	Date 10/20/2023	Full name of contributor [Griffard, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Griffard, Julie Contributor address; City; Sta Houston, TX 77041	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Griffard, Julie Contributor address; City; Sta Houston, TX 77041	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 139/525 Rpt: 142/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 5 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$47.12
_	Dringing age	Houston, TX 77041	ا ا	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$47.12
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	<u> </u> 5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID: Griffard, Julie Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID: Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)		Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	<u>(</u> 5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID: Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)		Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 140/525 Rpt: 143/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor out-of-state PAC Griner, John 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$31.25
8	Principal occur	Brookfield, WI 53005 pation / Job title (See Instructions)	ام	Employer (See Instructions	·)		
<u> </u>	Sr Counsel C		9	Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.25
	Principal occur	Brookfield, WI 53005 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Sr Counsel C			Travelers Indemnity Co	"		
	Date 09/08/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$31.25
		Brookfield, WI 53005					
	Principal occu Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)	•	Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)		Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 141/525 Rpt: 144/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$31.25
Ω	Principal occur	Brookfield, WI 53005 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
_	Sr Counsel C		9	Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.25
	Principal occur	Brookfield, WI 53005 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Sr Counsel C			Travelers Indemnity Co	"		
	Date 11/17/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$31.25
		Brookfield, WI 53005					
	Principal occur Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005			•	Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)		Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 142/525 Rpt: 145/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/29/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$31.25
_	Dringing agg	Brookfield, WI 53005	اما	Employer (See Instructions	<u></u>		
8	Sr Counsel (pation / Job title (See Instructions) Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$15.48
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Director Clai	,		Travelers Indemnity Co	"		
	Date 07/28/2023	Full name of contributor out-of-state Page Gross, Travis Contributor address; City; State; Zip Code	AC (ID#:		•	Amount of Contribution (\$)	\$15.48
		Richardson, TX 75081					
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state Pagross, Travis Contributor address; City; State; Zip Code Richardson, TX 75081)	•	Amount of Contribution (\$)	\$15.48
	Principal occu Director Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 08/25/2023	Full name of contributor out-of-state P. Gross, Travis Contributor address; City; State; Zip Code Richardson, TX 75081)	•	Amount of Contribution (\$)	\$15.48
	Principal occu Director Clai	pation / Job title (See Instructions) m Mamt	T	Employer (See Instructions Travelers Indemnity Co	s)		
	255(5) 6(4)	g		Taracas mashining Go			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 143/525 Rpt: 146/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023		of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.48
_		Richardson, TX 75081	1-		_		
8	Director Clai		9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$15.48
	Dringing aggr	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Director Clai	,		Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.48
		Richardson, TX 75081					
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Gross, Travis	of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.48
	Principal occu Director Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/03/2023	Gross, Travis	of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.48
	Principal occu Director Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Director Cidi	wymt		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 144/525 Rpt: 147/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	-	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$15.48
8	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
•	Director Clai	m Mgmt		Travelers Indemnity Co	·)		
	Date 12/01/2023	Gross, Travis				Amount of Contribution (\$)	\$15.48
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Director Clai	,		Travelers Indemnity Co	')		
	Date 12/15/2023	Full name of contributor out-of-sta Gross, Travis Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$15.48
		Richardson, TX 75081					
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Gross, Travis				Amount of Contribution (\$)	\$15.48
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/14/2023	Hamm, Scott	ate PAC (ID#:)		Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 145/525 Rpt: 148/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$86.54
8	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	l a	Employer (See Instructions	=,		
•	National Acc		9	Travelers Indemnity Co	·)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$86.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor)		Amount of Contribution (\$)	\$86.54
		New York City, NY 10017	_				
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	INQUUITAL ACC	ound ve	<u>1 </u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 146/525 Rpt: 149/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$86.54
8	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
_	National Acc			Travelers Indemnity Co	•		
	Date 10/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$86.54
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	National Acc	·		Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor				Amount of Contribution (\$)	\$86.54
		New York City, NY 10017					
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	. vanoriai Act		<u> </u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 147/525 Rpt: 150/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$86.54
		New York City, NY 10017					
8	Principal occu National Acc	pation / Job title (See Instructions) ounts VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Hamm, Scott Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$86.54
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-sta Hankinson, Allen Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031					
		pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Hankinson, Allen				Amount of Contribution (\$)	\$16.44
	•	pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 08/11/2023	Full name of contributor out-of-state Hankinson, Allen Contributor address; City; State; Zip Cod Hunt Valley, MD 21031	ate PAC (ID#:			Amount of Contribution (\$)	\$16.44
	•	pation / Job title (See Instructions) Director Select		Employer (See Instructions	5)		
	onderwining	Director Select		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 148/525 Rpt: 151/530)
2	FILER NAME					3	•	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	C)			00087159	
4	Date 08/25/2023	Full name of contributor Hankinson, AllenContributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	<u>. </u>		
		Director Select	,		Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:				Amount of Contribution (\$)	
	09/08/2023	Hankinson, Allen	Out-of-State PAC (ID#:)		Amount of Contribution (\$)	\$16.44
	03/00/2023							Ψ10.44
		Contributor address; City; S	ate; Zip Code					
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	<u>. </u>		
		Director Select	,		Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		1		Amount of Contribution (\$)	
	09/22/2023	Hankinson, Allen	United State 1 AC (ID#		.		ranount of Continuation (¢)	\$16.44
	00/==/=0=0	Contributor address; City; S	ate; Zip Code					7=0
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	()		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/06/2023	Hankinson, Allen Contributor address; City; S						\$16.44
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	()		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/20/2023	Hankinson, Allen						\$16.44
		Contributor address; City; S	ate; Zip Code					
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	PΝ	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 149/525 Rpt: 152/530)
2	FILER NAME					3	•	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	C)			00087159	
4	Date 11/03/2023	5 Full name of contributor Hankinson, Allen6 Contributor address; City; Si	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	<u>. </u>		
		Director Select	,		Travelers Indemnity Co	,		
	Date 11/17/2023	Full name of contributor Hankinson, Allen Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$16.44
	Delinational	Hunt Valley, MD 21031	, I		Frankrick (October American	_		
		pation / Job title (See Instructions Director Select	5)		Employer (See Instructions Travelers Indemnity Co	5)		
					Travelers indefinitly Co			
	Date 12/01/2023	Full name of contributor Hankinson, Allen Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Hankinson, Allen Contributor address; City; Si Hunt Valley, MD 21031	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$16.44
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	()		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Hankinson, Allen Contributor address; City; Si Hunt Valley, MD 21031	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$16.44
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 150/525 Rpt: 153/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor out-of-state F Harris, Dale 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state F Harris, Dale Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Hartford, CT 06183		Franks von (Cookstant)	<u></u>		
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state F Harris, Dale Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state F Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state F Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 151/525 Rpt: 154/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		00087159	
4	Date 09/22/2023	5 Full name of contributor [Harris, Dale6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Harris, Dale Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code)		Amount of Contribution (\$)	\$10.00
	Delinational annual	Hartford, CT 06183	1	Faralassa (Caralassa tiana	_		
		pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
				Travelers indefinity Co			
	Date 10/20/2023	Full name of contributor Harris, Dale Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Harris, Dale Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Harris, Dale Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 152/525 Rpt: 155/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	Harris, Dale	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_	Deinainal assu	Hartford, CT 06183	lo.	Frankrian (Cook bathurtian	_		
8	2VP Actuaria	pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor out-o Harris, Dale Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$10.00
	Deinainal assu	Hartford, CT 06183		Frankrian (Cookarationa	_		
	2VP Actuaria	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$39.04
		Hartford, CT 06183					
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/28/2023	Harris, Douglas	f-state PAC (ID#:			Amount of Contribution (\$)	\$39.04
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	()		
	Date 08/11/2023	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$39.04
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	·· Jiaiii i		L				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 153/525 Rpt: 156/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.04
_	Dringing! aggr	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8		pation / Job title (See Instructions) od Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 09/08/2023	Full name of contributor out-of-Harris, Douglas Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$39.04
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
		od Dev&Strat		Travelers Indemnity Co	')		
	Date 09/22/2023	Full name of contributor out-of-Harris, Douglas Contributor address; City; State; Zip C	state PAC (ID#: ode			Amount of Contribution (\$)	\$39.04
		Hartford, CT 06183					
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	()		
	Date 10/06/2023	Harris, Douglas	state PAC (ID#:)		Amount of Contribution (\$)	\$39.04
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/20/2023	Harris, Douglas	state PAC (ID#:)		Amount of Contribution (\$)	\$39.04
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	VI Giaini I IV		1	voicio indennity 00			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 154/525 Rpt: 157/530)
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		00087159	
4	Date 11/03/2023	5 Full name of contributor Harris, Douglas6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$39.04
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	VP Claim Pro	od Dev&Strat		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Harris, Douglas Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$39.04
		Hartford, CT 06183					
		pation / Job title (See Instructions	(1)	Employer (See Instructions			
	VP Claim Prod Dev&Strat Travelers Ir			Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:) 12/01/2023 Harris, Douglas Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$39.04		
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	VP Claim Pro	od Dev&Strat		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Harris, Douglas Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$39.04
	•	pation / Job title (See Instructions od Dev&Strat)	Employer (See Instructions Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Harris, Douglas Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$39.04
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Claim Pro	od Dev&Strat		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 155/525 Rpt: 158/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	 Full name of contributor	ate PAC (ID#:		7	Amount of Contribution (\$)	\$29.04
8	Principal occu	Canandaigua, NY 14424 pation / Job title (See Instructions)	l _q	Employer (See Instructions	;) 		
0	Lead Learnir	,	ľ	Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-st Hart, Christopher Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$29.04
		Canandaigua, NY 14424					
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Lead Learning Facilitator Date Full name of contributor out-of-state PAC (ID#:_		ate BAC (ID#:	1 aveiers indefinitly Co	Г	Amount of Contribution (\$)	
	08/11/2023	Hart, Christopher Contributor address; City; State; Zip Cod				χ.,	\$29.04
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Hart, Christopher				Amount of Contribution (\$)	\$29.04
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-st Hart, Christopher Contributor address; City; State; Zip Cod Canandaigua, NY 14424	ate PAC (ID#:			Amount of Contribution (\$)	\$29.04
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Lead Learnir	iy Facilitatul		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 156/525 Rpt: 159/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	Hart, Christopher 6 Contributor address; City; State; Zip Code Canandaigua, NY 14424			7	Amount of Contribution (\$)	\$29.04
8	Principal occur	canandaigua, NY 14424 pation / Job title (See Instructions)	l _q	Employer (See Instructions	;) 		
0	Lead Learnir	·		Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor out-of-stat Hart, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.04
		Canandaigua, NY 14424					
		pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Lead Learning Facilitator Date Full name of contributor out-of-state PAC (ID#:		1 Travelers indefinitly Co	Г	Amount of Contribution (\$)		
	10/20/2023	Hart, Christopher Contributor address; City; State; Zip Code				, and an extra design (4)	\$29.04
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Hart, Christopher)		Amount of Contribution (\$)	\$29.04
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-stat Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	e PAC (ID#:)		Amount of Contribution (\$)	\$29.04
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Lead Learnir	ng Facilitator		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 157/525 Rpt: 160/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PAC Hart, Christopher Contributor address; City; State; Zip Code 	C (ID#:		7	Amount of Contribution (\$)	\$29.04
8	Principal occu	Canandaigua, NY 14424 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
0	Lead Learnir	· · · · · · · · · · · · · · · · · · ·		Travelers Indemnity Co	P)		
	Date 12/15/2023	Full name of contributor out-of-state PAC Hart, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.04
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date Full name of contributor out-of-state PAC (ID#:		C (ID#:	1 Travelers indefinitly Co	Г	Amount of Contribution (\$)	
	12/29/2023	Hart, Christopher Contributor address; City; State; Zip Code				· · ·	\$29.04
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Hayes, Christopher Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$16.44
	Principal occu 2VP Risk Co	pation / Job title (See Instructions) entrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Hayes, Christopher Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:)		Amount of Contribution (\$)	\$16.44
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Risk Co	ITILI OI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 158/525 Rpt: 161/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor Hayes, Christopher	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.44
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	;) 		
Ŭ	2VP Risk Co			Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor Hayes, Christopher Contributor address; City; State;				Amount of Contribution (\$)	\$16.44
		Hartford, CT 06183					
	Principal occup 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Hayes, Christopher Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.44
	Delevie et e e e e	Hartford, CT 06183		Faralassa (Caralassa tiana	$\overline{\Gamma}$		
	2VP Risk Co	pation / Job title (See Instructions) entrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Hayes, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.44
	Principal occur 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/06/2023	Full name of contributor Hayes, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.44
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Risk Co	NILLOI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 159/525 Rpt: 162/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor Hayes, Christopher	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$16.44
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions)		
Ŭ	2VP Risk Co			Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor Hayes, Christopher Contributor address; City; State;)		Amount of Contribution (\$)	\$16.44
		Hartford, CT 06183					
	Principal occup 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor Hayes, Christopher Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.44
	Dringing	Hartford, CT 06183	1	Frankrian (Can Instructions			
	2VP Risk Co	pation / Job title (See Instructions) introl		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/01/2023	Hayes, Christopher Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.44
	Principal occu 2VP Risk Co	Hartford, CT 06183 pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor Hayes, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$16.44
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Risk Co	TILIOI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 160/525 Rpt: 163/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor out-of-state PAC (ID Hayes, Christopher 6 Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$16.44
8	Principal occu 2VP Risk Co	Hartford, CT 06183 pation / Job title (See Instructions) ontrol	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/14/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.42
	-	Hartford, CT 06183 pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Haze, Jeffrey Contributor address; City; State; Zip Code)#:		•	Amount of Contribution (\$)	\$24.42
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$24.42
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$24.42
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	■ A1	
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	1 Total pages Schedule A1: Sch: 161/525 Rpt: 164/530		
2	FILER NAME				3	•	Filers)	
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		00087159		
4	Date 09/08/2023	5 Full name of contributor Haze, Jeffrey6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$24.42	
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Director Data	a Management		Travelers Indemnity Co				
	Date 09/22/2023	Full name of contributor Haze, Jeffrey Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$24.42	
		Hartford, CT 06183	1					
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Director Data Management Tra			Travelers Indemnity Co				
	Date 10/06/2023	Full name of contributor Haze, Jeffrey Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$24.42	
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>			
	Director Data	a Management		Travelers Indemnity Co				
	Date 10/20/2023	Full name of contributor Haze, Jeffrey Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.42	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Director Data	a Management		Travelers Indemnity Co				
	Date 11/03/2023	Full name of contributor Haze, Jeffrey Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.42	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Director Data	a Management		Travelers Indemnity Co				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 162/525 Rpt: 165/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	5 Full name of contributor out-of-state PAC (I Haze, Jeffrey 6 Contributor address; City; State; Zip Code	ID#:)	7	Amount of Contribution (\$)	\$24.42
_	Deinsinal assu	Hartford, CT 06183	- 10				
8		pation / Job title (See Instructions) a Management	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (I Haze, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.42
	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
				Employer (See Instructions Travelers Indemnity Co	>)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2023 Haze, Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$24.42		
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (I Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$24.42
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (I Heard, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	J 22.20	<u> </u>					

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1					
	The Instruc	ction Guide explains how to complete th	is for	m.	1	. Total pages Schedule A1: Sch: 163/525 Rpt: 166/530		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)	
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$153.85	
0	Dringing Lagge	Hartford, CT 06183	lo.	Employer (Co.) Instructions	<u></u>			
8	•	pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co				
	Date 08/11/2023	Full name of contributor out-of-state PAC (I Heard, Peter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$153.85	
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	Regl President-Field Mgmt Travelers Indemnity				,,			
	Date Full name of contributor out-of-state PAC (ID#:) 108/25/2023 Heard, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$153.85		
		Hartford, CT 06183						
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 09/08/2023	Full name of contributor out-of-state PAC (I Heard, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$153.85	
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 09/22/2023	Full name of contributor out-of-state PAC (I Heard, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$153.85	
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)			
	- 5 - 1 - 1 - 1 - 1	3 -						

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	m.	1	1 Total pages Schedule A1: Sch: 164/525 Rpt: 167/530		
2	FILER NAME	rs Companies, Inc. Political Actio	un Committoo (T. DAC)		3	Filer ID (Ethics Commission 00087159	n Filers)	
_					_			
4	Date 10/06/2023	5 Full name of contributor Heard, Peter6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)	7	Amount of Contribution (\$)	\$153.85	
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co				
	Date 10/20/2023	Full name of contributor Heard, Peter Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$153.85	
		Hartford, CT 06183						
		pation / Job title (See Instructions)		Employer (See Instructions)			
	Regl President-Field Mgmt Travelers Indemnity							
	Date Full name of contributor out-of-state PAC (ID#:) 11/03/2023 Heard, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$153.85		
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
		ent-Field Mgmt		Travelers Indemnity Co	,			
	Date 11/17/2023	Full name of contributor Heard, Peter Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;; Zip Code	·)		Amount of Contribution (\$)	\$153.85	
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co)			
				Travelers indefinity Co				
	Date 12/01/2023	Full name of contributor Heard, Peter Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$153.85	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co				
			·					

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm		1	Total pages Schedule A1: Sch: 165/525 Rpt: 168/530	0
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political A					00087159	
4	Date 12/15/2023	5 Full name of contributor Heard, Peter6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions	s)	9 E	Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt		7	Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Heard, Peter Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$153.85
	Deinsinal	Hartford, CT 06183	` I	-				
	•	pation / Job title (See Instructions	5)		Employer (See Instructions Fravelers Indemnity Co)		
				Travelers indentifility Co				
	Date Full name of contributor out-of-state PAC (ID#:) 07/14/2023 Henderson, Charles Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$36.96		
		Richardson, TX 75081						
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions)		
	UW Officer N	National Property		٦	Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Henderson, Charles Contributor address; City; S Richardson, TX 75081	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$36.96
	•	pation / Job title (See Instructions	3)		Employer (See Instructions)		
	UW Officer N	National Property		٦	Fravelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Henderson, Charles Contributor address; City; S Richardson, TX 75081	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$36.96
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions)		
	UW Officer N	National Property		_ 1	Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 166/525 Rpt: 169/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor Henderson, Charles6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$36.96
_	Deinainal assu	Richardson, TX 75081	lo.	Franksian (Cook batwatian	<u></u>		
8		pation / Job title (See Instructions) National Property	9	Employer (See Instructions Travelers Indemnity Co	···		
	Date 09/08/2023	Full name of contributor Henderson, Charles Contributor address; City; Stat				Amount of Contribution (\$)	\$36.96
	Deinainal assu	Richardson, TX 75081		Franksian (Cook batwatian	<u></u>		
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Henderson, Charles Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$36.96
		Richardson, TX 75081					
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor Henderson, Charles Contributor address; City; Stat Richardson, TX 75081	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$36.96
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Henderson, Charles Contributor address; City; Stat Richardson, TX 75081	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$36.96
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	211 2001						

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 167/525 Rpt: 170/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	5 Full name of contributor Henderson, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.96
8	Dringing aggr	Richardson, TX 75081 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
0		National Property		Travelers Indemnity Co	·)		
	Date 11/17/2023	Full name of contributor Henderson, Charles Contributor address; City; State				Amount of Contribution (\$)	\$36.96
	Delicalization	Richardson, TX 75081		Farabasa (Osabasa tanati	Ĺ		
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Henderson, Charles Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$36.96
		Richardson, TX 75081					
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor Henderson, Charles Contributor address; City; State Richardson, TX 75081	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$36.96
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	()		
	Date 12/29/2023	Full name of contributor Henderson, Charles Contributor address; City; State Richardson, TX 75081	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$36.96
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	3 3011						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 168/525 Rpt: 171/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$22.60
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions			
0	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Hentnick, Donna Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$22.60
	Delicalization	Hartford, CT 06183		Faralassa (Ossalassassissas			
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Hentnick, Donna Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Hentnick, Donna				Amount of Contribution (\$)	\$22.60
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Hentnick, Donna	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	v. Hamaniy						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 169/525 Rpt: 172/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$22.60
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	_		
8	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/06/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
	Delicalization	Hartford, CT 06183		Faralassa (Ossalassassissas	Ĺ		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor of the definition of th	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Hentnick, Donna				Amount of Contribution (\$)	\$22.60
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Hentnick, Donna	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.60
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	v. Hamaniy						

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 170/525 Rpt: 173/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023		f-state PAC (ID#:		7	Amount of Contribution (\$)	\$22.60
•	Principal occur	Hartford, CT 06183	la la	Employer (See Instructions			
0	VP Human R	pation / Job title (See Instructions) Resources		Travelers Indemnity Co	·)		
	Date 12/15/2023	Full name of contributor out-of Hentnick, Donna Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
	Deinainal assu	Hartford, CT 06183	<u> </u>	Frankrian (Can Instructions	_		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of Hentnick, Donna Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Herron, Peter				Amount of Contribution (\$)	\$5.00
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Herron, Peter	f-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu SVP PNP Bo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	21		1				

	MONET	ARY POLITICAL (CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 171/525 Rpt: 174/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor Herron, Peter6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183						
8	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Herron, Peter Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s)	E	Employer (See Instructions	 		
	SVP PNP Bo	ond & SI		-	Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Herron, Peter Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183						
	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI	s)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Herron, Peter Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Herron, Peter Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions and & SI	5)		Employer (See Instructions Travelers Indemnity Co	5)		
					,,,,			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 172/525 Rpt: 175/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$38.46
ρ	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	=)		
	SVP PNP Bo			Travelers Indemnity Co	•)		
	Date 11/03/2023	Full name of contributor out-of-state PAG Herron, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$38.46
	Dringing! goog	Hartford, CT 06183		Employer (See Instructions	<u>,,</u>		
	SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 11/17/2023	Full name of contributor out-of-state PAG Herron, Peter Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAG Herron, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 12/15/2023	Full name of contributor out-of-state PAG Herron, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21	· · · · ·					

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 173/525 Rpt: 176/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/29/2023	5 Full name of contributor out-of-state PAC (I Herron, Peter 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$76.92
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u>s)</u>		
	SVP PNP Bo			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-state PAC (I Herzog, Kristin Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$83.65
	Dringing! aggs	Hartford, CT 06183		Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Herzog, Kristin Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	′		
	Date 08/11/2023	Full name of contributor out-of-state PAC (I Herzog, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$83.65
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	-		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Herzog, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$83.65
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 174/525 Rpt: 177/530)
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	S)		00087159	
4	Date 09/08/2023	5 Full name of contributor [Herzog, Kristin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	Ş	Employer (See Instructions	s)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Assoc Group Gen Counsel-Claim		Travelers Indemnity Co				
	Date 10/06/2023	Full name of contributor Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Gen Counsel-Claim		Travelers Indemnity Co	,		
	Date 10/20/2023	Full name of contributor [Herzog, Kristin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Herzog, Kristin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$83.65
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 175/525 Rpt: 178/530	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	5)		00087159	
4	Date 11/17/2023	5 Full name of contributor [Herzog, Kristin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183	į.				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group Gen Counsel-Claim Tra		Travelers Indemnity Co				
	Date 12/15/2023	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> ;)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Herzog, Kristin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$83.65
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Heyman, William Contributor address; City; Sta New York City, NY 10017	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$288.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Chairma	an		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 176/525 Rpt: 179/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$288.46
8	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	l a	Employer (See Instructions	;) 		
Ü	Vice Chairma			Travelers Indemnity Co	"		
	Date 08/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Vice Chairma	an ,		Travelers Indemnity Co	•		
	Date 08/25/2023	Full name of contributor out-of-state PAC Heyman, William Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$288.46
		New York City, NY 10017					
	Principal occu Vice Chairma	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$96.18
	Principal occu Vice Chairma	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$43.65
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	vr numan k	VESOUICES		Havelets indefiffilly Co			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 177/525 Rpt: 180/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$43.65
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
8	VP Human R	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state P. Higgins, Lorrie Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$43.65
	Deinainal assu	Hartford, CT 06183		Franks von (Cook both vetic po	<u></u>		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state P Higgins, Lorrie Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$43.65
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state P. Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.65
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state P Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.65
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 178/525 Rpt: 181/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor out-of-state Higgins, Lorrie	PAC (ID#:)	7	Amount of Contribution (\$)	\$43.65
•	Principal occur	Hartford, CT 06183	la la	Employer (See Instructions	·/-		
•	VP Human R	pation / Job title (See Instructions) Resources	9	Travelers Indemnity Co	»)		
	Date 10/20/2023	Higgins, Lorrie	PAC (ID#:			Amount of Contribution (\$)	\$43.65
	<u> </u>	Hartford, CT 06183			<u></u>		
	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state Higgins, Lorrie Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$43.65
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Higgins, Lorrie	PAC (ID#:			Amount of Contribution (\$)	\$43.65
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 12/01/2023	Full name of contributor out-of-state Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$43.65
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 179/525 Rpt: 182/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	5 Full name of contributor Higgins, Lorrie6 Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$43.65
		Hartford, CT 06183					
8	Principal occu VP Human F	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor [Higgins, Lorrie Contributor address; City; Stat				Amount of Contribution (\$)	\$43.65
		Patriford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	VP Human F	Resources		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor [Higgins, Scott Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Higgins, Scott Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Higgins, Scott Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
		·					

	MONEI	ARY POLITICAL CON	NIRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 180/525 Rpt: 183/530	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)			00087159	
4	Date 08/25/2023	 Full name of contributor o Higgins, Scott Contributor address; City; State; Z 	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor on thiggins, Scott Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code			Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	<u> </u>		Travelers Indemnity Co				
	Date 09/22/2023	Full name of contributor	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor o higgins, Scott Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&BI Fld		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$221.15
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this for	n.	1	Total pages Schedule A1: Sch: 181/525 Rpt: 184/530	0
2	FILER NAME	rs Companies, Inc. Political Action Comr	nittee (T-DAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
		·					
4	Date 11/03/2023	 5 Full name of contributor	ate PAC (ID#:		7	Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co			
	Date 11/17/2023	Higgins, Scott Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$134.70
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-st Hill, David Contributor address; City; State; Zip Cod	ate PAC (ID#: de)		Amount of Contribution (\$)	\$57.69
		Blue Bell, PA 19422					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	BI Field Vice	President		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-st Hill, David Contributor address; City; State; Zip Cod Blue Bell, PA 19422	ate PAC (ID#:			Amount of Contribution (\$)	\$57.69
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor out-of-st Hill, David Contributor address; City; State; Zip Cod Blue Bell, PA 19422	ate PAC (ID#:			Amount of Contribution (\$)	\$57.69
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	BI Field Vice	President		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 182/525 Rpt: 185/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/25/2023		state PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
		Blue Bell, PA 19422					
8	Principal occu BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-set Hill, David Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$57.69
	Principal occur	Blue Bell, PA 19422 pation / Job title (See Instructions)	1	Employer (See Instructions	·/		
	BI Field Vice			Travelers Indemnity Co	,		
	Date 09/22/2023	Full name of contributor out-of-s Hill, David Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$57.69
		Blue Bell, PA 19422					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Hill, David	state PAC (ID#: ode			Amount of Contribution (\$)	\$57.69
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Hill, David	state PAC (ID#:)		Amount of Contribution (\$)	\$57.69
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	BI Field Vice	FIESIUEIIL		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 183/525 Rpt: 186/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
_		Blue Bell, PA 19422	l _a		<u></u>		
8	Principal occu BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/17/2023	Full name of contributor out-of-state I Hill, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$57.69
	Principal occur	Blue Bell, PA 19422 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	BI Field Vice	,		Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out-of-state I Hill, David Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$57.69
		Blue Bell, PA 19422					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state I Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422				Amount of Contribution (\$)	\$57.69
	Principal occur BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 12/29/2023	Full name of contributor out-of-state I Hill, David Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$57.69
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Di Field Vice	i rediuent		Travelers indefinitly CO			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 184/525 Rpt: 187/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)	L	00087159	
4	Date 07/14/2023	5 Full name of contributor Hoffman, Brian6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Gov't Re	lations		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Hoffman, Brian Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Gov't Re	lations		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Hoffman, Brian Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	VP Gov't Re			Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Hoffman, Brian Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations)	Employer (See Instructions Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Hoffman, Brian Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Gov't Re	lations		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 185/525 Rpt: 188/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor Hoffman, Brian6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
8	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Hoffman, Brian Contributor address; City; St)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	Employer (See Instructions	 - S)		
	VP Gov't Re			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Hoffman, Brian Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Hoffman, Brian Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Hoffman, Brian Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 186/525 Rpt: 189/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state P Hoffman, Brian Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	VP Gov't Re			Travelers Indemnity Co	-,		
	Date 12/15/2023	Full name of contributor out-of-state P Hoffman, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state P Hogan, George Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$37.31
	Principal occu	Chicago, IL 60601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		Dir Field Mgmt		Travelers Indemnity Co	"		
	Date 07/28/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	-	Dir Field Mgmt		Travelers Indemnity Co	,		
	Date 08/11/2023	Full name of contributor out-of-state P Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601	PAC (ID#:)		Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	si keyional	Dir Field Mgmt		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 187/525 Rpt: 190/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$37.31
8	Dringing agg	Chicago, IL 60601 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u>''</u>		
•	•	Dir Field Mgmt	9	Travelers Indemnity Co	·)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Hogan, George Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$37.31
		Chicago, IL 60601			_		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Hogan, George Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$37.31
		Chicago, IL 60601					
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601)		Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601	(ID#:			Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	S. Negional						

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 188/525 Rpt: 191/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$37.31
_	Delicalization	Chicago, IL 60601	- 10	For all 1997 (October 1997)			
8	•	pation / Job title (See Instructions) Dir Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor				Amount of Contribution (\$)	\$37.31
	Dringinal occu	Chicago, IL 60601 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	-	Dir Field Mgmt		Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$37.31
		Chicago, IL 60601					
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601)		Amount of Contribution (\$)	\$37.31
	-	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 12/29/2023	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601)	•	Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	J egional		<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 189/525 Rpt: 192/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor Hopkins, Alexander	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.38
_	Deinstead	Hartford, CT 06183		Farada a a (O a da atau tia a	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Hopkins, Alexander Contributor address; City; State;)		Amount of Contribution (\$)	\$20.38
	Deinstead	Hartford, CT 06183		Farada a a (O a da atau tia a	$\overline{\Gamma}$		
		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Hopkins, Alexander Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.38
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Hopkins, Alexander Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.38
	'	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Hopkins, Alexander Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.38
	·	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 190/525 Rpt: 193/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.38
_	Dringing! aggs	Hartford, CT 06183	10	Employer (Coo Instructions	_		
8		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/06/2023	Full name of contributor)		Amount of Contribution (\$)	\$20.38
	Deinainal assu	Hartford, CT 06183		Frankrian (Cookarationa	_		
		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.38
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.38
	·	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.38
	·	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this form	m.	1	Total pages Schedule A1: Sch: 191/525 Rpt: 194/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	Hopkins, Alexander	te PAC (ID#:		7	Amount of Contribution (\$)	\$20.38
0	Dringing! goog	Hartford, CT 06183	اه	Employer (See Instructions	·/		
0		pation / Job title (See Instructions) sel Bond & SI	9	Travelers Indemnity Co	•)		
	Date 12/15/2023	Full name of contributor out-of-sta Hopkins, Alexander Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.38
	Dringing Lagra	Hartford, CT 06183		Franksian (Caalinatuustiana	<u></u>		
		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-sta Hopkins, Alexander Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$20.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Hopper, Kelly				Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 07/28/2023	Hopper, Kelly)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 192/525 Rpt: 195/530	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
8	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Daine die alle ause	Centennial, CO 80112		Fanda and (Carabantus tinas	<u></u>		
	RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	cium		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 193/525 Rpt: 196/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
8	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112			L		
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Centennial, CO 80112					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Hopper, Kelly Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 194/525 Rpt: 197/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>	L	00087159	
4	Date 07/14/2023	5 Full name of contributor Horan, William6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
8	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Catastrophe	Claim Field VP		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216	ı		L		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Catastrophe	Claim Field VP		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216	_				
	•	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	Catastrophe	Claim Field VP		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Catastrophe	Claim Field VP		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Catastrophe	Claim Field VP		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 195/525 Rpt: 198/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.38
8	Principal occu	San Antonio, TX 78216	ام	Employer (See Instructions	<u>''</u>		
•		pation / Job title (See Instructions) Claim Field VP	9	Travelers Indemnity Co	»)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code	,		•	Amount of Contribution (\$)	\$40.38
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Claim Field VP		Travelers Indemnity Co	"		
	Date 10/20/2023	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)		Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 196/525 Rpt: 199/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$40.38
0	Dringing agg	San Antonio, TX 78216	lo.	Employer (See Instructions	·/		
8		pation / Job title (See Instructions) Claim Field VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Horan, William	e PAC (ID#:)		Amount of Contribution (\$)	\$40.38
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Claim Field VP		Travelers Indemnity Co	,		
	Date 12/29/2023	Full name of contributor	e PAC (ID#:			Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216			_		
		pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Houston, Marchelle				Amount of Contribution (\$)	\$5.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state Houston, Marchelle Contributor address; City; State; Zip Code Hartford, CT 06183	e PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 197/525 Rpt: 200/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor ou Houston, Marchelle	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
_		Hartford, CT 06183		5 1 (0 1 : "			
8	SVP Bond &	pation / Job title (See Instructions) SI Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor ou doubton, Marchelle Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183		5 1 (0 1 : "			
	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor ou Houston, Marchelle Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183					
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor ou Houston, Marchelle Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$5.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor ou Houston, Marchelle Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 198/525 Rpt: 201/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor on Houston, Marchelle	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Hartford, CT 06183					
8	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	i) 		
	Date 11/03/2023	Full name of contributor of contributor do contributor address; City; State; Z				Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183					
	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor on the description of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Hartford, CT 06183					
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/01/2023	Full name of contributor of the Houston, Marchelle Contributor address; City; State; Z Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor of Houston, Marchelle Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 199/525 Rpt: 202/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	5 Full name of contributor Hudson, Melanie	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$53.85
_		Charlotte, NC 28226	To the		Ĺ		
8	Principal occu BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Hudson, Melanie Contributor address; City; Sta			•	Amount of Contribution (\$)	\$53.85
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	BI Field Vice			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)	•	Amount of Contribution (\$)	\$53.85
		Charlotte, NC 28226					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	′		
	Date 08/25/2023	Full name of contributor Hudson, Melanie Contributor address; City; Sta Charlotte, NC 28226	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 200/525 Rpt: 203/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC))	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	5 Full name of contributor [Hudson, Melanie	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$53.85
_		Charlotte, NC 28226	1-	- 1 (0)	Ţ		
8	BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instruction Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor [Hudson, Melanie Contributor address; City; Stat				Amount of Contribution (\$)	\$53.85
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)		Employer (See Instruction) 		
	BI Field Vice			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Hudson, Melanie Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		Charlotte, NC 28226					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instruction Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor Hudson, Melanie Contributor address; City; Stat Charlotte, NC 28226	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instruction Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Hudson, Melanie Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instruction Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 201/525 Rpt: 204/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	5 Full name of contributor out-of Hudson, Melanie	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$53.85
_		Charlotte, NC 28226		- 100			
8	BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor)		Amount of Contribution (\$)	\$53.85
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	BI Field Vice	,		Travelers Indemnity Co	,,		
	Date 12/29/2023	Full name of contributor out-of Hudson, Melanie Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		Charlotte, NC 28226					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Hughes, Kevin)		Amount of Contribution (\$)	\$45.00
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Hughes, Kevin	f-state PAC (ID#:			Amount of Contribution (\$)	\$45.00
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Stoup Gent	Journal Dorid & Of		voicio indominity CO			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 202/525 Rpt: 205/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC	<u>;</u>	L	00087159	
4	Date 08/11/2023	5 Full name of contributor Hughes, Kevin6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Group Gen C	Counsel Bond & SI		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Hughes, Kevin Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183			Ĺ		
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions	5)		
		_		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Hughes, Kevin Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gen C	Counsel Bond & SI		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Hughes, Kevin Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$45.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gen C	Counsel Bond & SI		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Hughes, Kevin Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$45.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gen C	Counsel Bond & SI		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 203/525 Rpt: 206/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$45.00
_	Dringing age	Hartford, CT 06183	اما	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor)		Amount of Contribution (\$)	\$45.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Counsel Bond & SI		Travelers Indemnity Co	,,		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID Hughes, Kevin Contributor address; City; State; Zip Code	O#:)	•	Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$45.00
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.00
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Stoup Gent	Souriser Bond & Or		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 204/525 Rpt: 207/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor out-of-state PAC lbuzor, Aloy 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$26.15
_	Deinsinal	Melville, NY 11747	- 10	Faralassa (Osas lastavetiana			
8		pation / Job title (See Instructions) o Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Ibuzor, Aloy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.15
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	•	o Gen Counsel-Claim		Travelers Indemnity Co	-,		
	Date 08/11/2023	Full name of contributor out-of-state PAC Ibuzor, Aloy Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$26.15
		Melville, NY 11747					
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.15
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state PAC Ibuzor, Aloy Contributor address; City; State; Zip Code Melville, NY 11747)	•	Amount of Contribution (\$)	\$26.15
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	ASSOC Group	o Gen Counsel-Claim		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 205/525 Rpt: 208/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 09/22/2023	 5 Full name of contributor out-of-state PAC lbuzor, Aloy 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$26.15
_	Deinsinal assu	Melville, NY 11747	- 10	Franks von (Cook both vetic po	<u></u>		
8		pation / Job title (See Instructions) o Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor)		Amount of Contribution (\$)	\$26.15
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	o Gen Counsel-Claim		Travelers Indemnity Co	P)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Ibuzor, Aloy Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$26.15
		Melville, NY 11747					
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.15
	•	Melville, NY 11747 pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/17/2023	Full name of contributor ut-of-state PAC Ubuzor, Aloy)		Amount of Contribution (\$)	\$26.15
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	ASSOC Group	o Gen Counsel-Claim		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 206/525 Rpt: 209/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PAG Ibuzor, Aloy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$26.15
8	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
		Gen Counsel-Claim		Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor out-of-state PAG Ibuzor, Aloy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.15
		Melville, NY 11747			<u> </u>		
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date	_	0.415.4	Travelers indefinitly Co	<u> </u>	Amount of Contribution (\$)	
	12/29/2023	Full name of contributor out-of-state PAG Ibuzor, Aloy Contributor address; City; State; Zip Code				Amount of Contribution (4)	\$26.15
		Melville, NY 11747					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$14.23
	Delevieral	Casselberry, FL 32707			<u></u>		
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAGIngham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707	C (ID#:)		Amount of Contribution (\$)	\$14.23
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr Dir Busine	ess Process Mgmt		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 207/525 Rpt: 210/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor out-of-state F Ingham, Janis 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$14.23
_	Detectional	Casselberry, FL 32707	la la	Formula and (On a london attended on			
8	•	pation / Job title (See Instructions) ess Process Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state F Ingham, Janis Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$14.23
	Dringing! aggs	Casselberry, FL 32707	<u> </u>	Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 09/08/2023	Full name of contributor out-of-state FIngham, Janis Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$14.23
		Casselberry, FL 32707					
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Contributor address; City; State; Zip Code	-)	•	Amount of Contribution (\$)	\$14.23
	•	Casselberry, FL 32707 pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor out-of-state F Ingham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707	PAC (ID#:)		Amount of Contribution (\$)	\$14.23
	·	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 208/525 Rpt: 211/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor out-of-state Ingham, Janis	e PAC (ID#:)	7	Amount of Contribution (\$)	\$14.23
_		Casselberry, FL 32707	la la				
8	Sr Dir Busine	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 11/03/2023	Ingham, Janis)	•	Amount of Contribution (\$)	\$14.23
	Dringing Lagran	Casselberry, FL 32707		Franksian (Caalinatuustiana	<u></u>		
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor out-of-state Ingham, Janis Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$14.23
		Casselberry, FL 32707					
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Ingham, Janis Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$14.23
	·	Casselberry, FL 32707 pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state Ingham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707)	•	Amount of Contribution (\$)	\$14.23
	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 209/525 Rpt: 212/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/29/2023	 5 Full name of contributor out-of-state PAC Ingham, Janis 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$14.23
_		Casselberry, FL 32707	- 1-	5 1 (0 1 : :			
8	•	pation / Job title (See Instructions) ess Process Mgmt	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 07/14/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Managing Co	ounsel Prod Line Ld		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
		pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031	C (ID#:)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 210/525 Rpt: 213/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	5 Full name of contributor out-of-state F Jagielski, Joseph)	7	Amount of Contribution (\$)	\$25.00
_	Dringing aggr	Hunt Valley, MD 21031	lo.	Employer (Coo Instructions	<u>, </u>		
8	•	pation / Job title (See Instructions) ounsel Prod Line Ld	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	ounsel Prod Line Ld		Travelers Indemnity Co	,		
	Date 10/06/2023	Full name of contributor out-of-state F Jagielski, Joseph Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state F Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031	-)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state F Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 211/525 Rpt: 214/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
	Dringing agg	Hunt Valley, MD 21031	ام	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ounsel Prod Line Ld	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (II Jagielski, Joseph Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	ounsel Prod Line Ld		Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor out-of-state PAC (II Jagielski, Joseph Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (II Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 212/525 Rpt: 215/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$22.12
0	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
8	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PA Jenkins, Bob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.12
		Hartford, CT 06183			<u></u>		
	VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PA Jenkins, Bob Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$22.12
		Hartford, CT 06183					
	Principal occu VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PA Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PA Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 213/525 Rpt: 216/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$22.12
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Co.) Instructions	<u></u>		
8	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAG Jenkins, Bob Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$22.12
		Hartford, CT 06183					
	Principal occup VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAG Jenkins, Bob Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$22.12
		Hartford, CT 06183					
	Principal occu VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAG Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 12/15/2023	Full name of contributor out-of-state PAG Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$22.12
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this forr	m.	1	Total pages Schedule A1: Sch: 214/525 Rpt: 217/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/29/2023	 Full name of contributor	-		7	Amount of Contribution (\$)	\$22.12
_	Dein sin al a a se	Hartford, CT 06183	lo lo	Facilities (Control to the still and	<u></u>		
8	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Mgmt&Chf RiskOfcr		Travelers Indemnity Co	,		
	Date 07/28/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 215/525 Rpt: 218/530	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC))	L	00087159	
4	Date 09/08/2023	5 Full name of contributor [Jones, Bruce 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>-</u>		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Jones, Bruce Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor [Jones, Bruce Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Jones, Bruce Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Jones, Bruce Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this forr	m.	1	Total pages Schedule A1: Sch: 216/525 Rpt: 219/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Deinainal assu	Hartford, CT 06183	10	Franks or (Cook and activistic root			
8	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Mgmt&Chf RiskOfcr		Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state Kachel, Eric Contributor address; City; State; Zip Code Braintree, MA 02184	-			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u>(</u> 5)		
	Date 07/28/2023	Full name of contributor out-of-state Kachel, Eric Contributor address; City; State; Zip Code Braintree, MA 02184	-			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	. regional OV	. SSor Bond & Si	I				

	MONEI	ARY POLITICAL CON	ITRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 217/525 Rpt: 220/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)			00087159	
4	Date 08/11/2023	 Full name of contributor	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$10.00
		Braintree, MA 02184					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
		V Officer Bond & SI		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor on Kachel, Eric Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Braintree, MA 02184					
		pation / Job title (See Instructions)		Employer (See Instructions)		
		V Officer Bond & SI		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor on Cachel, Eric Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Braintree, MA 02184					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional UV	V Officer Bond & SI		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor on Kachel, Eric Contributor address; City; State; Z Braintree, MA 02184	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional UV	V Officer Bond & SI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	5		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	forn	n.	1	Total pages Schedule A1: Sch: 218/525 Rpt: 221/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$10.00
8		Braintree, MA 02184 pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Kachel, Eric Contributor address; City; State; Zip Code Braintree, MA 02184)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Kachel, Eric Contributor address; City; State; Zip Code	: :)		Amount of Contribution (\$)	\$10.00
	Principal occu	Braintree, MA 02184 pation / Job title (See Instructions)	\top	Employer (See Instructions)		
	Regional UW	V Officer Bond & SI		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Kachel, Eric Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$10.00
	•	Braintree, MA 02184 pation / Job title (See Instructions) V Officer Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Kachel, Eric Contributor address; City; State; Zip Code Braintree, MA 02184	<u> </u>)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional UW	V Officer Bond & SI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 219/525 Rpt: 222/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Kahn, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (I Kahn, Michael Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Kahn, Michael Contributor address; City; State; Zip Code Richardson, TX 75081)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/08/2023	Full name of contributor out-of-state PAC (I Kahn, Michael Contributor address; City; State; Zip Code Richardson, TX 75081)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 220/525 Rpt: 223/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	 5 Full name of contributor out-of-state PAC (Kahn, Michael 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (Kahn, Michael Contributor address; City; State; Zip Code	`		•	Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081			_		
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Kahn, Michael Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (Kahn, Michael Contributor address; City; State; Zip Code Richardson, TX 75081)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/17/2023	Full name of contributor out-of-state PAC (Kahn, Michael Contributor address; City; State; Zip Code Richardson, TX 75081				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 221/525 Rpt: 224/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/01/2023		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Kahn, Michael				Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081		5 1 (0 1 1 1			
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	;)		
	Date 07/14/2023	Full name of contributor out-of-sta Kalla, Christine Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$182.69
		St. Paul, MN 55102					
	Principal occu EVP & Gene	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/28/2023	Kalla, Christine				Amount of Contribution (\$)	\$182.69
	Principal occu	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Kalla, Christine				Amount of Contribution (\$)	\$182.69
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 222/525 Rpt: 225/536	0
2	FILER NAME The Traveler	's Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	 Full name of contributor out-of-Kalla, Christine Contributor address; City; State; Zip Contributor address; City; State 			7	Amount of Contribution (\$)	\$182.69
Q	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	EVP & Gene			Travelers Indemnity Co))		
	Date 09/08/2023	Full name of contributor out-of- Kalla, Christine Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$182.69
		St. Paul, MN 55102					
	Principal occu EVP & Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of- Kalla, Christine Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$182.69
	Dringing con	St. Paul, MN 55102 pation / Job title (See Instructions)	1	Employer (See Instructions	<u></u>		
	EVP & Gene			Travelers Indemnity Co	·)		
	Date 10/06/2023	Kalla, Christine				Amount of Contribution (\$)	\$182.69
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 10/20/2023	Full name of contributor out-of-)		Amount of Contribution (\$)	\$182.69
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP & Gene	ral Counsel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 223/525 Rpt: 226/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	 Full name of contributor out-of-stalla, Christine Contributor address; City; State; Zip Contributor address; City; State)	7	Amount of Contribution (\$)	\$182.69
Ω	Drincinal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·, 		
0	EVP & Gene			Travelers Indemnity Co	•)		
	Date 11/17/2023	Full name of contributor out-of-section of contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor)		Amount of Contribution (\$)	\$182.69
		St. Paul, MN 55102		5 1 (0 1 1 1	<u></u>		
	EVP & Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of- Kalla, Christine Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$182.69
		St. Paul, MN 55102					
	Principal occu EVP & Gene	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Kalla, Christine				Amount of Contribution (\$)	\$182.69
	Principal occu EVP & Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Kalla, Christine				Amount of Contribution (\$)	\$182.69
	Principal occu EVP & Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 224/525 Rpt: 227/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183	la.	5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) o Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (Keane, Robert Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$80.77
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	1 (ID#:)		Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	nosoc Gioup	, den counser-ciaim		Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 225/525 Rpt: 228/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 09/22/2023	 5 Full name of contributor out-of-state PAC (I Keane, Robert 6 Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183	la.		<u></u>		
8		pation / Job title (See Instructions) o Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor				Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183			L		
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$80.77
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	I ID#:)		Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions	5)		
	Assuc Group	o den counsercialin		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 226/525 Rpt: 229/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PAC (IE Keane, Robert Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183	<u> </u>		Ĺ		
8		pation / Job title (See Instructions) o Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state PAC (IE Keane, Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183			Ĺ		
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor out-of-state PAC (II Keane, Robert Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	-		
	Date 07/14/2023	Full name of contributor out-of-state PAC (IE Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 		
	Date 07/28/2023	Full name of contributor out-of-state PAC (IE Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 227/525 Rpt: 230/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
8	Principal occu VP Product	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/25/2023	Full name of contributor			•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 228/525 Rpt: 231/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PAC)	3 Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 Full name of contributor	7 Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183		
8	Principal occu VP Product		(See Instructions) s Indemnity Co	
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Kearney, Brian Contributor address; City; State; Zip Code) Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183		
	Principal occu VP Product		(See Instructions) s Indemnity Co	
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Kearney, Brian Contributor address; City; State; Zip Code		\$50.00
		Hartford, CT 06183		
	Principal occu VP Product		(See Instructions) s Indemnity Co	
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$50.00
	Principal occu VP Product		(See Instructions) s Indemnity Co	
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:		\$50.00
	Principal occu VP Product		(See Instructions) s Indemnity Co	
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	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 229/525 Rpt: 232/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/14/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$182.69
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 		
	SVP & Enter			Travelers Indemnity Co	,,		
	Date 07/28/2023	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$182.69
		Hartford, CT 06183					
	·	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP & Enter			Travelers Indemnity Co	_		
	Date 08/11/2023	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code	: (ID#:)		Amount of Contribution (\$)	\$182.69
		Hartford, CT 06183					
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$182.69
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/08/2023	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	I : (ID#:)		Amount of Contribution (\$)	\$182.69
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP & Enter	prise CUO		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 230/525 Rpt: 233/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/22/2023	5 Full name of contributor out-of-state Keegan, Patrick	e PAC (ID#:)	7	Amount of Contribution (\$)	\$182.69
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	() 		
Ü	SVP & Enter			Travelers Indemnity Co	,,		
	Date 10/06/2023	Keegan, Patrick)		Amount of Contribution (\$)	\$182.69
		Hartford, CT 06183					
	Principal occu SVP & Enter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	<u> </u>	PAC (ID#:			Amount of Contribution (\$)	\$182.69
	Dringing Lagra	Hartford, CT 06183		Franks var (Caa kratii vationa	<u></u>		
	SVP & Enter	pation / Job title (See Instructions) Prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Keegan, Patrick				Amount of Contribution (\$)	\$182.69
	Principal occu SVP & Enter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/17/2023	Full name of contributor out-of-state Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$182.69
	Principal occu SVP & Enter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	SVF & EIRE	ризе СОО		naveiers indefinitly CO			

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 231/525 Rpt: 234/530	0
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/01/2023	Keegan, Patrick	state PAC (ID#:		7	Amount of Contribution (\$)	\$182.69
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ü	SVP & Enter			Travelers Indemnity Co	')		
	Date 12/15/2023	Full name of contributor out-of-s Keegan, Patrick Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$182.69
		Hartford, CT 06183					
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Keegan, Patrick Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$182.69
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>.)</u>		
	SVP & Enter			Travelers Indemnity Co	,		
	Date 07/14/2023	Kelley, Patricia)		Amount of Contribution (\$)	\$44.62
	·	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/28/2023	Kelley, Patricia)		Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
_	ve Complex	Claim Liability		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 232/525 Rpt: 235/530)
2	FILER NAME				3	•	Filers)
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>		00087159	
4	Date 08/11/2023	5 Full name of contributor Kelley, Patricia6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>. </u>		
		Claim Liability		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Complex	Claim Liability		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u> S)		
	VP Complex	Claim Liability		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP Complex	Claim Liability		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.62
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP Complex	Claim Liability		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 233/525 Rpt: 236/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state P Kelley, Patricia 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$44.62
0	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	<u>,,</u>		
8	•	pation / Job title (See Instructions) Claim Liability	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor				Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183			<u>_</u>		
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state P Kelley, Patricia Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state P Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$44.62
	·	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state P Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Зотрых	. C.C					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1		
	The Instruc	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 234/525 Rpt: 237/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	 5 Full name of contributor out-of-state PAC (ID#: Kelley, Patricia 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$44.62
0	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)	I _o	Employer (See Instructions	<u>,,</u>		
0	•	Claim Liability		Travelers Indemnity Co	»)		
	Date 07/14/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$46.65
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u> s)		
	•	ve Invesments		Travelers Indemnity Co	•		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$46.65
		New York City, NY 10017					
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$46.65
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$46.65
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
			<u>l</u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	■ A1		
	The Instruc	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 235/525 Rpt: 238/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	۱C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 5 Full name of contributor out-of-state PAC (ID#: Kelly, Timothy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$46.65
_	Dringing Lagran	New York City, NY 10017	٦	Family on (Cool matrustic no			
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$46.65
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u>		
		ve Invesments		Travelers Indemnity Co	,		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$46.65
		New York City, NY 10017					
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$46.65
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$46.65
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	vi / memany	o modification	<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 236/525 Rpt: 239/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$53.85
_		New York City, NY 10017	1_		<u></u>		
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$53.85
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Π	Employer (See Instructions	 s)		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_Kelly, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$53.85
		New York City, NY 10017					
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) Istomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	vi Siaiii Gu	ACCURATION CONTROLS	<u> </u>				

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 237/525 Rpt: 240/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$70.67
_	Delicalization	Hartford, CT 06183	la la	Formula con (October American			
8		pation / Job title (See Instructions) ustomer Services	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state Pa Kennedy, Tara Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$70.67
	<u> </u>	Hartford, CT 06183			<u></u>		
		pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state Pa Kennedy, Tara Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Parkennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 09/22/2023	Full name of contributor out-of-state Parkennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) Istomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	vi Siaiii Cu	ACCOUNTS CONTROLS		voicio indominity CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 238/525 Rpt: 241/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>		00087159	
4	Date 10/06/2023	5 Full name of contributor Kennedy, Tara6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)) !	9 Employer (See Instructions	<u>. </u>		
		stomer Services		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Kennedy, Tara Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Claim Cu	ıstomer Services		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Kennedy, Tara Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	VP Claim Cu	stomer Services		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Kennedy, Tara Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	VP Claim Cu	stomer Services		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Kennedy, Tara Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$70.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Claim Cu	stomer Services		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 239/525 Rpt: 242/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor [Kennedy, Tara	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$70.67
_	Delicalization	Hartford, CT 06183	lo.	Formula and (On a long to ordinate	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ustomer Services	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor [Kennedy, Tara Contributor address; City; Stat				Amount of Contribution (\$)	\$70.67
	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		ustomer Services		Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/11/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 240/525 Rpt: 243/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	Full name of contributor Kent, Christopher	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/-		
0	VP Risk Con			Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Kent, Christopher Contributor address; City; State				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occup VP Risk Con	pation / Job title (See Instructions) htrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Kent, Christopher Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) ttrol		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor Kent, Christopher Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Kent, Christopher Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	v. Non Con						

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 241/525 Rpt: 244/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	5 Full name of contributor	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$10.00
ρ	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	VP Risk Con		3	Travelers Indemnity Co	')		
	Date 11/17/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat)		Amount of Contribution (\$)	\$10.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Risk Con			Travelers Indemnity Co	')		
	Date 12/01/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) strol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor Kent, Christopher Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/14/2023	Full name of contributor Klein, Michael Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$307.69
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 242/525 Rpt: 245/5	30
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 07/28/2023	5 Full name of contributor out-of-state PAC (ID# Klein, Michael 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$307.69
_		Hartford, CT 06183			<u></u>		
8	EVP & Pres	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/11/2023	Full name of contributor)		Amount of Contribution (\$)	\$307.69
	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	EVP & Pres Personal Insurance Travelers Indel				"		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# Klein, Michael Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$76.96
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID# Klenk, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$2,500.00
		ipation / Job title (See Instructions) iabilityBond&SpcIty		Employer (See Instructions TCI Global Services Inc			
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050)	•	Amount of Contribution (\$)	\$28.65
	•	ipation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 243/525 Rpt: 246/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC))		00087159	
4	Date 07/28/2023	Full name of contributor Knudson, Kim Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Claim Accou	ınt Executive		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Knudson, Kim Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.65
	D: : 1	Phoenix, AZ 85050		5 1 (0 1 1 1	<u></u>		
		pation / Job title (See Instructions) Int Executive		Employer (See Instructions	5)		
	Ciaiiii Accou			Travelers Indemnity Co	_		
	Date 08/25/2023	Full name of contributor [Knudson, Kim Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Claim Accou	ınt Executive		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Knudson, Kim Contributor address; City; Sta Phoenix, AZ 85050	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$28.65
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Claim Accou	ınt Executive		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Knudson, Kim Contributor address; City; Sta Phoenix, AZ 85050	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$28.65
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Claim Accou	ınt Executive		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 244/525 Rpt: 247/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$28.65
_	Dein sin al a a su	Phoenix, AZ 85050		Faralassa (Osas lastavetiana			
8	Claim Accou	pation / Job title (See Instructions) Int Executive	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor			•	Amount of Contribution (\$)	\$28.65
	Dringinal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	5) 		
	Claim Accou			Travelers Indemnity Co	>)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
	Principal occu Claim Accou	pation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	•		
	Date 11/17/2023	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050			•	Amount of Contribution (\$)	\$28.65
	Principal occu Claim Accou	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	•		
	Date 12/01/2023	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050)		Amount of Contribution (\$)	\$28.65
	Principal occu Claim Accou	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	J. G.	The Endougraph of the Endougra					

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 245/525 Rpt: 248/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	5 Full name of contributor Knudson, Kim	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$28.65
_		Phoenix, AZ 85050	T _a	5 1 (0 1 1 1			
8	Claim Accou	pation / Job title (See Instructions) nt Executive		Employer (See Instructions Travelers Indemnity Co	i) 		
	Date 12/29/2023	Full name of contributor Knudson, Kim Contributor address; City; State;				Amount of Contribution (\$)	\$28.65
	Principal occur	Phoenix, AZ 85050 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Claim Accou			Travelers Indemnity Co	')		
	Date 07/14/2023	Full name of contributor Kreuzer, Robert Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$121.15
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/28/2023	Full name of contributor Kreuzer, Robert Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Kreuzer, Robert Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	;)		
			l				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 246/525 Rpt: 249/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	5 Full name of contributor ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$121.15
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP Risk Con	trol		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor ou Kreuzer, Robert Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$121.15
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Risk Control			Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor ou Kreuzer, Robert Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$121.15
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) ttrol		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor ou Kreuzer, Robert Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor out Creuzer, Robert Contributor address; City; State; Zith Hartford, CT 06183	it-of-state PAC (ID#:			Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 247/525 Rpt: 250/530	0
2	FILER NAME The Traveler	s Companies, Inc. Political Ad	ction Committee (T-PAC	C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/03/2023	5 Full name of contributor Kreuzer, Robert6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$121.15
		Hartford, CT 06183						
8	VP Risk Con				Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/17/2023	Full name of contributor Kreuzer, Robert Contributor address; City; St)		Amount of Contribution (\$)	\$121.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	VP Risk Con		,		Travelers Indemnity Co	,		
	Date 12/01/2023	Full name of contributor Kreuzer, Robert Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$121.15
		Hartford, CT 06183						
	Principal occu VP Risk Con	pation / Job title (See Instructions trol)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor Kreuzer, Robert Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions trol)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor Kreuzer, Robert Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions trol)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 248/525 Rpt: 251/530	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$9.00
_		Wyomissing, PA 19610			_		
8	2VP UW Cor	pation / Job title (See Instructions) mm Accts	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor)		Amount of Contribution (\$)	\$9.00
	Principal occur	Wyomissing, PA 19610 pation / Job title (See Instructions)	_	Employer (See Instructions	s)		
	2VP UW Cor			Travelers Indemnity Co	-,		
	Date 08/11/2023	Full name of contributor out-of-state PAC (IE Kring, Shauna Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$9.00
		Wyomissing, PA 19610					
	Principal occu 2VP UW Cor	pation / Job title (See Instructions) mm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (IE Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610)		Amount of Contribution (\$)	\$9.00
	Principal occu	pation / Job title (See Instructions) mm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (IE Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610)		Amount of Contribution (\$)	\$9.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		,					

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 249/525 Rpt: 252/530	ı
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$9.00
_		Wyomissing, PA 19610	- 1-	5 1 (0 1 : :			
8	2VP UW Cor	pation / Job title (See Instructions) mm Accts	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/06/2023	Full name of contributor				Amount of Contribution (\$)	\$9.00
	Principal occur	Wyomissing, PA 19610 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	2VP UW Cor			Travelers Indemnity Co	,,		
	Date 10/20/2023	Full name of contributor out-of-state PAC Kring, Shauna Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$9.00
		Wyomissing, PA 19610					
	Principal occu 2VP UW Cor	pation / Job title (See Instructions) mm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610)		Amount of Contribution (\$)	\$9.00
	Principal occu 2VP UW Cor	pation / Job title (See Instructions) mm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Kring, Shauna Contributor address; City; State; Zip Code Wyomissing, PA 19610				Amount of Contribution (\$)	\$9.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 250/525 Rpt: 253/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023		ate PAC (ID#:		7	Amount of Contribution (\$)	\$9.00
_		Wyomissing, PA 19610			_		
8	2VP UW Cor	pation / Job title (See Instructions) mm Accts		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/15/2023	Kring, Shauna				Amount of Contribution (\$)	\$9.00
	Principal occu	Wyomissing, PA 19610 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	2VP UW Cor			Travelers Indemnity Co	,		
	Date 07/14/2023	Full name of contributor out-of-sta Kurtzman, Diane Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
		pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Kurtzman, Diane				Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-sta Kurtzman, Diane Contributor address; City; State; Zip Cod New York City, NY 10017	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 251/525 Rpt: 254/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
•	Dringinal accu	New York City, NY 10017 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
•		ief HR Officer		Travelers Indemnity Co	·)		
	Date 09/08/2023	Full name of contributor out-of-state PA Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017			•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	EVP and Ch	ief HR Officer		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out-of-state PA Kurtzman, Diane Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
	•	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PA Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PA Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	EVI and OII	ior in Cinco		Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 252/525 Rpt: 255/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
	Dringing! goog	New York City, NY 10017	ام	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) ief HR Officer		Travelers Indemnity Co	»)		
	Date 11/17/2023	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	EVP and Ch	ief HR Officer		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-state PAC (I Kurtzman, Diane Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
	•	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (I Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (I Landmark, Gregory Contributor address; City; State; Zip Code St. Paul, MN 55102	. ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 253/525 Rpt: 256/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor Landmark, Gregory6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			7	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102						
8	Principal occu SVP Total R	pation / Job title (See Instructions) ewards	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Landmark, Gregory Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)			Employer (See Instructions	<u> </u> 5)		
	SVP Total R	ewards			Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Landmark, Gregory Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102						
	Principal occu SVP Total R	pation / Job title (See Instructions) ewards			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Landmark, Gregory Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions) ewards			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Landmark, Gregory Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions) ewards			Employer (See Instructions Travelers Indemnity Co	5)		
	21. 1300.11							

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 254/525 Rpt: 257/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	Full name of contributor Landmark, Gregory	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
•	Principal occur	St. Paul, MN 55102	١٥	Employer (See Instructions	·/-		
0	SVP Total R	pation / Job title (See Instructions) ewards		Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor Landmark, Gregory Contributor address; City; State;				Amount of Contribution (\$)	\$20.00
	Principal occur	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	SVP Total R			Travelers Indemnity Co	',		
	Date 11/03/2023	Full name of contributor Landmark, Gregory Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Total R	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Landmark, Gregory Contributor address; City; State; St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total Re	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 12/01/2023	Full name of contributor Landmark, Gregory Contributor address; City; State; St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	J. Total N						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 255/525 Rpt: 258/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_	Dringing! goog	St. Paul, MN 55102	lo.	Employer (Coo Instructions			
8	SVP Total R	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor				Amount of Contribution (\$)	\$83.65
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions			
	VP Gov't Rel	pation / Job title (See Instructions) lations		Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Larkin, Courtney Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Larkin, Courtney Contributor address; City; State; Hartford, CT 06183				Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Larkin, Courtney				Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 256/525 Rpt: 259/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
_		Hartford, CT 06183	T _a		<u></u>		
8	VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out- Larkin, Courtney Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$83.65
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	·/		
	VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor out- Larkin, Courtney Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Larkin, Courtney)		Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/03/2023	Larkin, Courtney)		Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 257/525 Rpt: 260/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	_		
8	VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out- Larkin, Courtney Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$83.65
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Gov't Rel			Travelers Indemnity Co	')		
	Date 12/15/2023	Full name of contributor out- Larkin, Courtney Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Larkin, Courtney				Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out- Lawrence, Nicole Contributor address; City; State; Zip St. Paul, MN 55102	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions) nd		Employer (See Instructions Travelers Indemnity Co	i)		
	2.2.10		l				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 258/525 Rpt: 261/530)
2	FILER NAME	. Committee to Bulliford A			3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political A		;) 		00087159	
4	Date 07/28/2023	 Full name of contributor Lawrence, Nicole Contributor address; City; S 	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
•	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions	-) le	Employer (See Instructions			
0	RVP Northla		5)	Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Lawrence, Nicole Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102	_				
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	RVP Northla	nd 		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Lawrence, Nicole Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	RVP Northla	nd		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Lawrence, Nicole Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions nd	s)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Lawrence, Nicole Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions nd	5)	Employer (See Instructions Travelers Indemnity Co	5)		
			•				

MONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
The Instru	uction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 259/525 Rpt: 262/530	0
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Travele	ers Companies, Inc. Political Action Committee (T-PAC	C)		00087159	
4 Date 10/06/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
	St. Paul, MN 55102				
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instructions	<u>-</u>		
RVP Northl	and	Travelers Indemnity Co			
Date 10/20/2023	· ·)		Amount of Contribution (\$)	\$20.00
Deinsingland	St. Paul, MN 55102	Faralas and (Cara landous times			
RVP Northl	cupation / Job title (See Instructions)	Employer (See Instructions			
RVP NOILIII		Travelers Indemnity Co	_		
Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Lawrence, Nicole Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	St. Paul, MN 55102				
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
RVP Northl	and	Travelers Indemnity Co			
Date 11/17/2023	· · · · · · · · · · · · · · · · · · ·)	•	Amount of Contribution (\$)	\$20.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
RVP Northl	and	Travelers Indemnity Co			
Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Lawrence, Nicole Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
Duling size.	St. Paul, MN 55102	Employee (Ozer L. 1. 1.			
Principal occ RVP Northl	cupation / Job title (See Instructions) land	Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 260/525 Rpt: 263/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor Lawrence, Nicole6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
8	Principal occu RVP Northla	pation / Job title (See Instructions nd	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Lear, Mark Contributor address; City; St				Amount of Contribution (\$)	\$75.00
	Principal occu	St. Louis, MO 63146 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RVP Bond &		,	Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Lear, Mark Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions . SI)	Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Lear, Mark Contributor address; City; St St. Louis, MO 63146	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions . SI)	Employer (See Instructions Travelers Indemnity Co	-		
	Date 08/25/2023	Full name of contributor Lear, Mark Contributor address; City; St St. Louis, MO 63146	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions : SI)	Employer (See Instructions Travelers Indemnity Co			
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	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	m.	1	Total pages Schedule A1: Sch: 261/525 Rpt: 264/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$75.00
8	Principal occu RVP Bond &	St. Louis, MO 63146 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/22/2023	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	St. Louis, MO 63146 pation / Job title (See Instructions) s SI		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 10/06/2023	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions) s SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/03/2023	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 262/525 Rpt: 265/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	 5 Full name of contributor out-of-sta Lear, Mark 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$75.00
_		St. Louis, MO 63146					
8	Principal occu RVP Bond &			Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/01/2023	Lear, Mark)		Amount of Contribution (\$)	\$75.00
	Drincinal occu	St. Louis, MO 63146 pation / Job title (See Instructions)		Employer (See Instructions			
	RVP Bond &			Travelers Indemnity Co	')		
	Date 12/15/2023	Lear, Mark	te PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Lear, Mark				Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Leenders, Lisa)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr. Project D	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	-,						

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 263/525 Rpt: 266/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023		te PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions			
<u> </u>	Sr. Project D			Travelers Indemnity Co	')		
	Date 08/11/2023	Leenders, Lisa				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state Leenders, Lisa Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Leenders, Lisa				Amount of Contribution (\$)	\$10.00
	Principal occu Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state Leenders, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	tte PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Sr. Project D	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 264/525 Rpt: 267/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023		te PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_	Deinainal assu	Hartford, CT 06183	lo.	Frankrian (Can Instructions	<u></u>		
8	Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Leenders, Lisa				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183			<u></u>		
	Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state Leenders, Lisa Contributor address; City; State; Zip Code	re PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Leenders, Lisa				Amount of Contribution (\$)	\$10.00
	Principal occu Sr. Project D	pation / Job title (See Instructions) irector		Employer (See Instructions Travelers Indemnity Co	<u>. </u>		
	Date 12/01/2023	Full name of contributor out-of-state Leenders, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	te PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Sr. Project D	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 265/525 Rpt: 268/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	Leenders, Lisa	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/		
•	Sr. Project D	irector		Travelers Indemnity Co	•)		
	Date 07/14/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$250.00
	Principal occu	Belmont, MA 02478 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		Tech & Ops Officer		Travelers Indemnity Co	,		
	Date 07/28/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Belmont, MA 02478					
		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Lefebvre, Mojgan	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	LVI & OING	. son a ope officer					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 266/525 Rpt: 269/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	Lefebvre, Mojgan	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Dringing aggr	Belmont, MA 02478	lo lo	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-st Lefebvre, Mojgan Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$250.00
	Principal occu	Belmont, MA 02478 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Tech & Ops Officer		Travelers Indemnity Co	,,		
	Date 10/06/2023	Full name of contributor out-of-st Lefebvre, Mojgan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Belmont, MA 02478					
		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Lego, Raymond)		Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Lego, Raymond				Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Managing O	Sanson Grain		avoicio indominity CO			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this forr	m.	1	Total pages Schedule A1: Sch: 267/525 Rpt: 270/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$38.08
8	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
_	Managing Co			Travelers Indemnity Co	•)		
	Date 08/25/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$38.08
	Delicalization	Centennial, CO 80112	-	Foundation (Construction	$\overline{\Gamma}$		
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.08
		Centennial, CO 80112					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Lego, Raymond	PAC (ID#:			Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code Centennial, CO 80112	-)		Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) punsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	te this forr	m.	1	Total pages Schedule A1: Sch: 268/525 Rpt: 271/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state Lego, Raymond 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.08
_	Dringing age	Centennial, CO 80112	lo.	Employer (See Instructions	<u>, </u>		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$38.08
	Dringing age	Centennial, CO 80112		Employer (See Instructions	<u></u>		
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.08
		Centennial, CO 80112					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Lego, Raymond	PAC (ID#:			Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code Centennial, CO 80112				Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 269/525 Rpt: 272/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	· — —	te PAC (ID#:)	7	Amount of Contribution (\$)	\$38.08
8	Dringinal occu	Centennial, CO 80112	ام	Employer (See Instructions	·/-		
0	Managing Co	pation / Job title (See Instructions) ounsel Claim	9	Travelers Indemnity Co)		
	Date 07/14/2023	Levine, Mark				Amount of Contribution (\$)	\$15.00
	Delicalization	Pittsburgh, PA 15219		Frankrije (Cookstantiis an	$\overline{\Gamma}$		
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-star Levine, Mark Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Levine, Mark				Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/25/2023	Levine, Mark				Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 270/525 Rpt: 273/530	ı
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/22/2023	Full name of contributor				Amount of Contribution (\$)	\$15.00
	Deire sin al access	Pittsburgh, PA 15219		Faralassa (Osas lastrosticas	<u></u>		
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Levine, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	Pittsburgh, PA 15219 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_Levine, Mark Contributor address; City; State; Zip Code Pittsburgh, PA 15219				Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 271/525 Rpt: 274/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Comn	nittee (T-PAC)			00087159	
4	Date 11/17/2023	Levine, Mark	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Sr Counsel			Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-sta Levine, Mark Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr Counsel			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr Counsel			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-state. Lim, Eunjin Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$19.52
	•	pation / Job title (See Instructions) r Comml Accts		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023		ate PAC (ID#:)		Amount of Contribution (\$)	\$19.52
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Managing Di	r Comml Accts		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 272/525 Rpt: 275/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	-	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$19.52
8	Dringinal occu	Glendale, CA 91203 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
0	•	ir Comml Accts		Travelers Indemnity Co	•)		
	Date 08/25/2023	Lim, Eunjin				Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203					
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state. Lim, Eunjin Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203					
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 09/22/2023	Lim, Eunjin				Amount of Contribution (\$)	\$19.52
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 10/06/2023	Lim, Eunjin)		Amount of Contribution (\$)	\$19.52
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 273/525 Rpt: 276/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$19.52
_	Dringing age	Glendale, CA 91203		Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ir Comml Accts	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state F Lim, Eunjin Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$19.52
	<u> </u>	Glendale, CA 91203			<u></u>		
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state F Lim, Eunjin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203					
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state F Lim, Eunjin Contributor address; City; State; Zip Code Glendale, CA 91203	-			Amount of Contribution (\$)	\$19.52
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 12/15/2023	Full name of contributor out-of-state Full name of contributor out-of-				Amount of Contribution (\$)	\$19.52
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 274/525 Rpt: 277/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/29/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$19.52
_		Glendale, CA 91203	-		<u>L</u>		
8	•	pation / Job title (See Instructions) ir Comml Accts	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$148.08
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	•	ate Communications		Travelers Indemnity Co	,,		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID: Linehan, Patrick Contributor address; City; State; Zip Code	#: <u></u>)		Amount of Contribution (\$)	\$148.08
		New York City, NY 10017					
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID) Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
	•	pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017	#:			Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 275/525 Rpt: 278/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$148.08
_	Dringing Lagra	New York City, NY 10017	10	Franks on (Cas Instructions	<u></u>		
8		pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$148.08
	Dringinal accu	New York City, NY 10017 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
		ate Communications		Travelers Indemnity Co	·)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$148.08
		New York City, NY 10017					
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 276/525 Rpt: 279/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-Pa	4C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$148.08
_	Dringing! aggs	New York City, NY 10017	10	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$148.08
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	•	ate Communications		Travelers Indemnity Co	,		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$148.08
		New York City, NY 10017	_				
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
	·	pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 277/525 Rpt: 280/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$39.42
8	Principal occu 2VP Affinity		9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Llompart-Coley, Margarita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Llompart-Coley, Margarita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.42
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	2VP Affinity			Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 278/525 Rpt: 281/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 5 Full name of contributor)	7		\$39.42
8	Principal occur 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$39.42
	Principal occur 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$39.42
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	2VP Affinity	,		Travelers Indemnity Co			
	Date 11/17/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 279/525 Rpt: 282/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state F Llompart-Coley, Margarita Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
8	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 12/29/2023	Full name of contributor out-of-state F Llompart-Coley, Margarita Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/14/2023	Full name of contributor out-of-state F Loperfido, Dennis Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	VP HD of FI Date 07/28/2023	Full name of contributor out-of-state F	-	Travelers Indemnity Co		Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/11/2023	Full name of contributor out-of-state F Loperfido, Dennis Contributor address; City; State; Zip Code St. Paul, MN 55102	-)		Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 280/525 Rpt: 283/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor ou Loperfido, Dennis	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
0	Dringing agg	St. Paul, MN 55102	lo.	Employer (See Instructions			
•	VP HD of FI	pation / Job title (See Instructions) Research		Travelers Indemnity Co	')		
	Date 09/08/2023	Full name of contributor ou contributor ou contributor address; City; State; Zi				Amount of Contribution (\$)	\$50.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	VP HD of FI			Travelers Indemnity Co	')		
	Date 09/22/2023	Full name of contributor ou Loperfido, Dennis Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor ou Loperfido, Dennis Contributor address; City; State; Zi St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 10/20/2023	Full name of contributor ou Loperfido, Dennis Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
		. 133041011					

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 281/525 Rpt: 284/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 11/03/2023	5 Full name of contributor Loperfido, Dennis6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u>. </u>		
	VP HD of FI	Research		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Loperfido, Dennis Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102			L		
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	VP HD of FI	Research		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Loperfido, Dennis Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	 S)		
	VP HD of FI			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Loperfido, Dennis Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions Research	s)	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Lusk, Venus Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu VP UW BI	pation / Job title (See Instructions	(3)	Employer (See Instructions Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 282/525 Rpt: 285/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Hartford, CT 06183	_		Ĺ		
8	VP UW BI	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_Lusk, Venus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183			Ĺ		
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Lusk, Venus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Lusk, Venus Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$10.00
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Lusk, Venus Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 283/525 Rpt: 286/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Hartford, CT 06183	_		<u></u>		
8	VP UW BI	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Lusk, Venus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Lusk, Venus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_Lusk, Venus Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_Lusk, Venus Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 284/525 Rpt: 287/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	VP UW BI	·		Travelers Indemnity Co	•		
	Date 07/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$8.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	·		Travelers Indemnity Co	_			
	Date 07/28/2023	Full name of contributor out-of-state PAC (Lybeck, Kevin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$8.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (Lybeck, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Lybeck, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP & Couns	el Surety Claims		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 285/525 Rpt: 288/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor out-of-state PAG Lybeck, Kevin 6 Contributor address; City; State; Zip Code	C (ID#:		7	Amount of Contribution (\$)	\$8.33
_	Deinainal assu	Hartford, CT 06183	lo.	Frankrian (Can Instructions			
8		pation / Job title (See Instructions) el Surety Claims	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 09/22/2023	Full name of contributor out-of-state PAG Lybeck, Kevin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$8.33
	5	Hartford, CT 06183			_		
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAG Lybeck, Kevin Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$8.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAG Lybeck, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor out-of-state PAG Lybeck, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$8.33
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	7. & Courist	o. carety channel					

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 286/525 Rpt: 289/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$8.33
_	Deinainal assu	Hartford, CT 06183	lo.	Franks von (Cook both vetic no	_		
8		pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAGE Lybeck, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	•	pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAG Lybeck, Kevin Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$8.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Surety Claims		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAG Malugen, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$211.54
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAG Malugen, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$211.54
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	LVI W.FIES	TARIOTIAI / IGGOUTIG		Travelers muchinity CO			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 287/525 Rpt: 290/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/11/2023	5 Full name of contributor out-of-state Malugen, William	e PAC (ID#:)	7	Amount of Contribution (\$)	\$211.54
_	Deinainal assu	Hartford, CT 06183	lo.	Frankrian (Cookarationa	<u></u>		
8		pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Malugen, William)		Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Malugen, William Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
		pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Malugen, William				Amount of Contribution (\$)	\$211.54
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Malugen, William				Amount of Contribution (\$)	\$211.54
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
		Taxona / Toodana					

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 288/525 Rpt: 291/53	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC)			00087159	
4	Date 10/20/2023	5 Full name of contributor Malugen, William6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
8	Principal occu	I pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		National Accounts		Travelers Indemnity Co	,		
_		Full name of contributor	David of otata DAC (ID)	,		Amount of Contribution (\$)	
	Date 11/03/2023		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$211.54
	11/03/2023	Malugen, William					\$211.54
		Contributor address; City; Sta	ate; Zip Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	EVP & Pres	National Accounts		Travelers Indemnity Co			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2023	Malugen, William	_			· ,	\$211.54
		Contributor address; City; Sta	ate; Zip Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	EVP & Pres	National Accounts		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Malugen, William Contributor address; City; Sta	ate; Zip Code				\$134.58
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	EVP & Pres	National Accounts		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/14/2023	Mannoochahr, Mano					\$57.69
		Contributor address; City; Sta	ite; Zip Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	SVP Chief D	ata&Analytics Ofcr		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 289/525 Rpt: 292/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor out Mannoochahr, Mano	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
8	Dringinal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0		ata&Analytics Ofcr		Travelers Indemnity Co	')		
	Date 08/11/2023	Full name of contributor out Mannoochahr, Mano Contributor address; City; State; Zip				Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	SVP Chief Data&Analytics Ofcr Date Full name of contributor out-of-state PAC (ID#:			Travelers indefinitly Co		Amount of Contribution (\$)	
	08/25/2023	Mannoochahr, Mano Contributor address; City; State; Zip				,	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out Mannoochahr, Mano Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out Mannoochahr, Mano Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
		pation / Job title (See Instructions)		Employer (See Instructions)		
_	SVP CIllei D	ata&Analytics Ofcr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 290/525 Rpt: 293/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor on Mannoochahr, Mano	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$57.69
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	lo lo	Employer (See Instructions	·/-		
0		ata&Analytics Ofcr		Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor of one of contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	SVP Chief Data&Analytics Ofcr Date Full name of contributor Out-of-state PAC (ID			Travelers indefinitly Co	Π	Amount of Contribution (\$)	
	11/03/2023	Mannoochahr, Mano Contributor address; City; State; Z				, another Continuation (\$)	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor of the Mannoochahr, Mano of Contributor address; City; State; Zubartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor of Mannoochahr, Mano Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP CIllei D	ata&Analytics Ofcr	<u> </u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 291/525 Rpt: 294/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0		ata&Analytics Ofcr		Travelers Indemnity Co	')		
	Date 12/29/2023	Full name of contributor out-of-s Mannoochahr, Mano Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-s Mariani, Leonard Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP Nationa	pation / Job title (See Instructions) Il Markets		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Mariani, Leonard	state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-s Mariani, Leonard Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 292/525 Rpt: 295/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
_	Deinainal assu	Hartford, CT 06183	<u> </u>	Familia va (Can Instructiona			
8	SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$38.46
	Dringing! aggs	Hartford, CT 06183		Employer (Coo Instructions			
	SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor Communication Contributor address; City; State; 20 Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	ST. Nauonio		I				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 293/525 Rpt: 296/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	5 Full name of contributor Mariani, Leonard	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
_		Hartford, CT 06183		- 40 40	<u> </u>		
8	SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/17/2023	Full name of contributor Mariani, Leonard Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	SVP Nationa			Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor Mariani, Leonard Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor Mariani, Leonard Contributor address; City; State; Hartford, CT 06183				Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor Mariani, Leonard Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	OVI IVALIONE	a manoto		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 294/525 Rpt: 297/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor out-of-state out-of-state out-of-state 6 Contributor address; City; State; Zip Code 	e PAC (ID#:)	7	Amount of Contribution (\$)	\$20.19
Q	Principal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	2VP Bond &			Travelers Indemnity Co)		
	Date 07/28/2023	Marino, Mark	PAC (ID#:)		Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102					
	Principal occu 2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-state Marino, Mark Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$20.19
	Dringinal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	2VP Bond &			Travelers Indemnity Co	·)		
	Date 08/25/2023	Marino, Mark Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.19
	Principal occu 2VP Bond &	Philadelphia, PA 19102 pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/08/2023	Full name of contributor out-of-state Marino, Mark Contributor address; City; State; Zip Code Philadelphia, PA 19102)		Amount of Contribution (\$)	\$20.19
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Bond &	JI		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 295/525 Rpt: 298/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	:)		00087159	
4	Date 09/22/2023	5 Full name of contributor Marino, Mark6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102					
8	Principal occu	pation / Job title (See Instructions	s) g	Employer (See Instructions	 5)		
	2VP Bond &	SI		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Marino, Mark Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102					
		pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	2VP Bond &			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Marino, Mark Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102	<u>, </u>				
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	2VP Bond &	SI		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Marino, Mark Contributor address; City; St Philadelphia, PA 19102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.19
	Principal occu 2VP Bond &	pation / Job title (See Instructions SI	5)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Marino, Mark Contributor address; City; Si Philadelphia, PA 19102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.19
	Principal occu 2VP Bond &	pation / Job title (See Instructions SI	5)	Employer (See Instructions Travelers Indemnity Co	s)		
							

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 296/525 Rpt: 299/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 5 Full name of contributor out-of-state F Marino, Mark 6 Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$20.19
0	Dringing agg	Philadelphia, PA 19102	lo.	Employer (See Instructions	<u>,,</u>		
8	2VP Bond &	pation / Job title (See Instructions) SI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state F Marino, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.19
	Principal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Bond &			Travelers Indemnity Co	,		
	Date 12/29/2023	Full name of contributor out-of-state F Marino, Mark Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102					
	Principal occu 2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state F Marshall, Eric Contributor address; City; State; Zip Code Charlotte, NC 28226)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Managing Di	pation / Job title (See Instructions) ir Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state F Marshall, Eric Contributor address; City; State; Zip Code Charlotte, NC 28226	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Managing Di	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Managing Di	. 25.13 & 61		The voices indefining Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 297/525 Rpt: 300/530)
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	S)		00087159	
4	Date 08/11/2023	5 Full name of contributor [Marshall, Eric6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Charlotte, NC 28226					
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions	<u></u>		
	Managing Di	ir Bond & SI		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor [Marshall, Eric Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Charlotte, NC 28226	+		L		
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Managing Di	Ir Bond & SI		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Marshall, Eric Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Charlotte, NC 28226					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Bond & SI		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Marshall, Eric Contributor address; City; Sta Charlotte, NC 28226	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Bond & SI		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Marshall, Eric Contributor address; City; Sta Charlotte, NC 28226	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Bond & SI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 298/525 Rpt: 301/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	-	state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Charlotte, NC 28226	T _a	5 1 (0 1 1 1			
8	Principal occu Managing Di	pation / Job title (See Instructions) ir Bond & SI		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/03/2023	Full name of contributor out-of-section of contributor address; City; State; Zip Contributor address; City; City; State; City; City; State; City;)		Amount of Contribution (\$)	\$10.00
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Managing Di	. ,		Travelers Indemnity Co	')		
	Date 11/17/2023	Full name of contributor out-of-section of contributor out-of-section out-of-sect	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Charlotte, NC 28226					
	Principal occu Managing Di	pation / Job title (See Instructions) ir Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/01/2023	Marshall, Eric	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Managing Di	pation / Job title (See Instructions) ir Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Marshall, Eric	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Managing Di	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	wanaging Di	. Dona & Oi		Travelers indefinity CO			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to d	complete this form	n.	1	Total pages Schedule A1: Sch: 299/525 Rpt: 302/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor o o McBrien, Peter	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.38
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo lo	Employer (See Instructions	·/		
0	VP Circle Le			Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor of contributor of contributor of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor of McBrien, Peter Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	McBrien, Peter)		Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/08/2023	Full name of contributor of McBrien, Peter Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	5 5.0 20		I .				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 300/525 Rpt: 303/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.38
Q	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·, 		
0	VP Circle Le			Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor McBrien, Peter Contributor address; City; State)		Amount of Contribution (\$)	\$40.38
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor McBrien, Peter Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$40.38
	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	VP Circle Le			Travelers Indemnity Co	')		
	Date 11/03/2023	Full name of contributor McBrien, Peter Contributor address; City; State Hartford, CT 06183				Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/17/2023	Full name of contributor McBrien, Peter Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	VP CIICLE LE	au		mavelers indefinitity Co			

	MONET	ARY POLITICAL (CONTRIBUTION	N :	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 301/525 Rpt: 304/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	5 Full name of contributor McBrien, Peter6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$40.38
		Hartford, CT 06183						
8	Principal occu VP Circle Le	pation / Job title (See Instructions ad) 9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor McBrien, Peter Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$40.38
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	VP Circle Le		,		Travelers Indemnity Co	•		
	Date 12/29/2023	Full name of contributor McBrien, Peter Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$40.38
		Hartford, CT 06183						
	Principal occu VP Circle Le	pation / Job title (See Instructions ad)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions x Clm Liab Spec)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions x Clm Liab Spec)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 302/525 Rpt: 305/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor on on one of contributor on one of cont	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$16.66
_	Dringing! aggs	Hebron, CT 06248	lo-	Employer (Coo Instructions	_		
8	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
		pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor of McCormack, Karen Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
		pation / Job title (See Instructions) xx Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor of contributor of contributor address; City; State; Zity; State; Zity; City;	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 10/06/2023	Full name of contributor of McCormack, Karen Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	;)		
	ZVF Comple	n oiii Lian spec	<u> </u>	Havelets illueillillity CO			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 303/525 Rpt: 306/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)			00087159	
4	Date 10/20/2023	5 Full name of contributor McCormack, Karen6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248						
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See	<u> </u>)		
		x Clm Liab Spec	,	Travelers Inc		,		
		Full name of contributor					Amount of Contribution (\$)	
	Date 11/03/2023	McCormack, Karen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248						
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions))		
	2VP Comple	x Clm Liab Spec		Travelers Inc	demnity Co			
	Date 11/17/2023	Full name of contributor McCormack, Karen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See	e Instructions))		
	2VP Comple	x Clm Liab Spec		Travelers Inc	demnity Co			
	Date 12/01/2023	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions)	Employer (See)		
	2VP Comple	x Clm Liab Spec		Travelers Inc	demnity Co			
	Date 12/15/2023	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
	Principal occu	pation / Job title (See Instructions	()	Employer (See	e Instructions))		
	2VP Comple	x Clm Liab Spec		Travelers Inc	demnity Co			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 304/525 Rpt: 307/530)
2	FILER NAME	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor out-of-s McPadden, Michael	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$38.65
_	Dringing Lagra	Windsor, CT 06095	lo lo	Franks var (Caa kratii vationa	<u></u>		
8		pation / Job title (See Instructions) rod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-s McPadden, Michael Contributor address; City; State; Zip Co			•	Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-s McPadden, Michael Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	McPadden, Michael	tate PAC (ID#:			Amount of Contribution (\$)	\$38.65
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-s McPadden, Michael Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$38.65
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 305/525 Rpt: 308/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.65
_	Deinainal assu	Windsor, CT 06095	lo.	Franks on (Cooks to the stip on	<u></u>		
8		pation / Job title (See Instructions) rod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of McPadden, Michael Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of McPadden, Michael Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	McPadden, Michael	f-state PAC (ID#:			Amount of Contribution (\$)	\$38.65
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 11/17/2023	Full name of contributor out-of McPadden, Michael Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$38.65
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 306/525 Rpt: 309/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		00087159	
4	Date 12/01/2023	5 Full name of contributor McPadden, Michael6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u>I</u> S)		
		rod Dev&Strat	,	Travelers Indemnity Co			
	Doto	Full name of contributor			Т	Amount of Contribution (\$)	
	Date 12/15/2023	Full name of contributor McPadden, Michael Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>-</u>		
	2VP Claim P	rod Dev&Strat		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/29/2023	McPadden, Michael	–	,		`,	\$38.65
		Contributor address; City; St Windsor, CT 06095	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3) 		
		rod Dev&Strat	,	Travelers Indemnity Co			
					_	A (0)	
	Date 07/14/2023	Full name of contributor McPhee, Scott Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$38.65
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor McPhee, Scott Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.65
		Hartford, CT 06183					
		pation / Job title (See Instructions)	Employer (See Instructions			
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 307/525 Rpt: 310/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 Full name of contributor out-of-state F McPhee, Scott Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$38.65
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/-		
•		al & Analytics	9	Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor out-of-state F McPhee, Scott Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$38.65
	Delicalization	Hartford, CT 06183	i	Foundation (Construction	$\overline{\Gamma}$		
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state F McPhee, Scott Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.65
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state F McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	-)		Amount of Contribution (\$)	\$38.65
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state F McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$38.65
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 308/525 Rpt: 311/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state I out-of-state I out-of-state I 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.65
	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
<u> </u>		pation / Job title (See Instructions) al & Analytics	9	Travelers Indemnity Co	·)		
	Date 11/03/2023	Full name of contributor out-of-state I McPhee, Scott Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$38.65
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state I McPhee, Scott Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.65
		Hartford, CT 06183					
		pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state I McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$38.65
		pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state in McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.65
	·	pation / Job title (See Instructions) Al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 309/525 Rpt: 312/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor out-of McPhee, Scott	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.65
_	Dringing aggr	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of Meisinger, Joseph Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183		5 1 (0 1 1 1			
	·	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of Meisinger, Joseph Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Meisinger, Joseph	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 08/25/2023	Full name of contributor out-of Meisinger, Joseph Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	·	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	5)		
	23. 3 4		1				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 310/525 Rpt: 313/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0		VP Nat'l Products		Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor out-of-sta Meisinger, Joseph Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-sta Meisinger, Joseph Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Meisinger, Joseph				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 11/03/2023	Full name of contributor out-of-sta Meisinger, Joseph Contributor address; City; State; Zip Cod Hartford, CT 06183	ate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) VP Nat'l Products		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 311/525 Rpt: 314/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 Full name of contributor out-of-state PAC (ID Meisinger, Joseph Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u>:)</u>		
_		VP Nat'l Products		Travelers Indemnity Co	•)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	D: : 1	Hartford, CT 06183			<u></u>		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Stoup Gene	Tax Sourious					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 312/525 Rpt: 315/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributorMelillo, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
8	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Group Gene			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 313/525 Rpt: 316/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	 Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Group Gene			Travelers Indemnity Co	,		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	5	Hartford, CT 06183			<u></u>		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183			Ĺ		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$72.12
	·	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP & Counse	el Gov't Relations		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 314/525 Rpt: 317/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 08/11/2023	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$72.12
_	Dringing age	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) el Gov't Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$72.12
	D: : 1	Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 315/525 Rpt: 318/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 10/20/2023	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$72.12
_	Dringing age	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) el Gov't Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183			Ĺ		
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/15/2023	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co			
	vi a Courisi			Travelers indefinity CO			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 316/525 Rpt: 319/53	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/29/2023	5 Full name of contributor [Miletti, John6 Contributor address; City; Star)	7	Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
8		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor [Miley, Robert Contributor address; City; Star	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$126.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - S)		
		Counsel-SRG		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Miley, Robert Contributor address; City; Star)		Amount of Contribution (\$)	\$126.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor [Miley, Robert Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.15
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Miley, Robert Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$126.15
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 317/525 Rpt: 320/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	 5 Full name of contributor out-of-state PAC (Miley, Robert 6 Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$126.15
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Miley, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$126.15
	Deinainal assu	Hartford, CT 06183		Francis on (Cool patro etiana	<u></u>		
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023				Amount of Contribution (\$)	\$126.15	
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$126.15
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$126.15
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 318/525 Rpt: 321/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor	#: <u></u>)	7	Amount of Contribution (\$)	\$126.15
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0		Counsel-SRG		Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor				Amount of Contribution (\$)	\$126.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		Counsel-SRG		Travelers Indemnity Co	"		
	Date 12/15/2023			•	Amount of Contribution (\$)	\$126.15	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$126.15
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112)	•	Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	5.1.0						

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 319/525 Rpt: 322/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P.	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor out-of-state PAC (ID#: Mills, Timothy 6 Contributor address; City; State; Zip Code	===)	7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
8	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Mills, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Mills, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112				Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 320/525 Rpt: 323/530	ı
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P.	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112	_				
8	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor				Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112	_				
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Mills, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 321/525 Rpt: 324/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor out-of-state PAC (ID#:_Mills, Timothy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112	_				
8	Principal occu RVP SRG	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_Mills, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$61.15
	Deireciant	Centennial, CO 80112	_	Fanda and (Carabantus tinas			
	RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$86.54
	'	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
			<u>1</u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 322/525 Rpt: 325/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 Full name of contributor out-of-state PAC (ID#:_Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$86.54
•	Dringing con	pation / Job title (See Instructions)	۱.	Employer (See Instructions	<u>'</u>		
0	VP Product N		9	Travelers Indemnity Co	·)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelors Indomnity Co.	s)		
		Travelers Indemnity Co	_				
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
		pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$93.75
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 323/525 Rpt: 326/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor out-of-state PAC (ID#:_Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$93.75
•	Dringing con	pation / Job title (See Instructions)	٦	Employer (See Instructions	<u>''</u>		
0	VP Product N		9	Travelers Indemnity Co	o)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code	<u> </u>)	•	Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelors Indomnity Co.	s)		
	VP Product Manager I-PI Date Full name of contributor ☐ out-of-state PAC (ID#:			Travelers Indemnity Co	_	A (O ') (b)	
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
		pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$93.75
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$93.75
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 324/525 Rpt: 327/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023		te PAC (ID#:)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112	1				
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Montville, Sandra				Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state Montville, Sandra Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Montville, Sandra				Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/08/2023	Montville, Sandra)		Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 325/525 Rpt: 328/530)
	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-P)	AC)			00087159	
	Date 09/22/2023	 Full name of contributor out-of-state PAC (ID#: Montville, Sandra Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
8	Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Sr Counsel			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Montville, Sandra Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr Counsel			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Montville, Sandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu	I upation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Sr Counsel			Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Montville, Sandra Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$20.10
	Dringinal occu	Ipation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Sr Counsel	pation 7 300 title (See instructions)		Travelers Indemnity Co	')		
	Date 11/17/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	ipation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			_				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 326/525 Rpt: 329/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
8	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state P Montville, Sandra Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state P Montville, Sandra Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state P Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 07/28/2023	Full name of contributor out-of-state P Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 327/525 Rpt: 330/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		00087159	
4	Date 08/11/2023	5 Full name of contributor Morgan, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>-</u>		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Const Energy Marine		Travelers Indemnity Co	_			
	Date 09/08/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 328/525 Rpt: 331/530)
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159	
4	Date 10/20/2023	5 Full name of contributor Morgan, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	ę	9 Employer (See Instruction	s)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instruction			
			Travelers Indemnity Co				
	Date 11/17/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instruction	 s)		
		onst Energy Marine		Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instruction			
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor Morgan, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	s)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 329/525 Rpt: 332/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor Morgan, Lisa	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$75.00
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	_		
0		onst Energy Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State				Amount of Contribution (\$)	\$45.58
	Dringinal accu	Waukesha, WI 53188 pation / Job title (See Instructions)		Employer (See Instructions			
	VP BI Casua			Travelers Indemnity Co	')		
	Date 07/28/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$45.58
		Waukesha, WI 53188					
	Principal occu VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/11/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State Waukesha, WI 53188				Amount of Contribution (\$)	\$45.58
	Principal occu VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State Waukesha, WI 53188				Amount of Contribution (\$)	\$45.58
	Principal occu VP BI Casua	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 330/525 Rpt: 333/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 5 Full name of contributor Moroski, Jeffery 6 Contributor address; City; State; 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.58
0	Dringing conu	Waukesha, WI 53188	lo.	Employer (See Instructions	·/_		
8	VP BI Casua	pation / Job title (See Instructions) ulty UW		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 09/22/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State;				Amount of Contribution (\$)	\$45.58
	Dringinal occur	Waukesha, WI 53188 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	VP BI Casua			Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
		Waukesha, WI 53188					
	Principal occu VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State; Waukesha, WI 53188				Amount of Contribution (\$)	\$45.58
	Principal occu VP BI Casua	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Moroski, Jeffery Contributor address; City; State; Waukesha, WI 53188				Amount of Contribution (\$)	\$45.58
	Principal occu VP BI Casua	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	vi bi Casua	uty OVV		Travelers indentifity Co			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 331/525 Rpt: 334/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor on Moroski, Jeffery	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$45.58
_	Dringing aggr	Waukesha, WI 53188	lo.	Employer (Coo Instructions			
8	VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor on Moroski, Jeffery Contributor address; City; State; Z				Amount of Contribution (\$)	\$45.58
	Dringing aggr	Waukesha, WI 53188		Employer (See Instructions			
	VP BI Casua	pation / Job title (See Instructions) alty UW		Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor on Moroski, Jeffery Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
		Waukesha, WI 53188					
	Principal occu VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/29/2023	Full name of contributor on the following of the following of the following of the full of				Amount of Contribution (\$)	\$45.58
	Principal occu VP BI Casua	pation / Job title (See Instructions) alty UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor of Morris, John Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) ted & International Marketi		Employer (See Instructions Travelers Indemnity Co)		
	Svi integrat	ea a memaiona market		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 332/525 Rpt: 335/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Dringing! goog	Hartford, CT 06183	٦,	Employer (See Instructions	<u>''</u>		
•		pation / Job title (See Instructions) ted & International Marketi	9	Travelers Indemnity Co	») 		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID) Morris, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) ted & International Marketi		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# Morris, John Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) ted & International Marketi		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID# Morris, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ted & International Marketi		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# Morris, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) ted & International Marketi		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 333/525 Rpt: 336/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)			00087159	
4	Date 10/06/2023	5 Full name of contributor Morris, John6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	SVP Integrat	ted & International Marketi		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Morris, John Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
			Travelers Indemnity Co				
	Date 11/03/2023	Full name of contributor Morris, John Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SVP Integrat	ted & International Marketi		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Morris, John Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	SVP Integrat	ed & International Marketi		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Morris, John Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Integrat	ted & International Marketi		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 334/525 Rpt: 337/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 5 Full name of contributor out-of-state PAC Morris, John 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$50.00
•	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
•		pation / Job title (See Instructions) ted & International Marketi	9	Employer (See Instructions Travelers Indemnity Co	») 		
	Date 07/14/2023	Full name of contributor out-of-state PAC Mouthaan, Lisa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Mouthaan, Lisa Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Mouthaan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Mouthaan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Data Mi	anagomon		voicio macrimity CO			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 335/525 Rpt: 338/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 Full name of contributor out-of-s Mouthaan, Lisa Contributor address; City; State; Zip Co 	state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
Q	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	2VP Data Ma		9	Travelers Indemnity Co	·)		
	Date 09/22/2023	Full name of contributor out-of-s Mouthaan, Lisa Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Mouthaan, Lisa Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$39.42
	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	2VP Data Ma			Travelers Indemnity Co	,,		
	Date 10/20/2023	Mouthaan, Lisa Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$39.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	2VP Data Ma	anagement		Travelers Indemnity Co			
	Date 11/03/2023	Mouthaan, Lisa	state PAC (ID#:)		Amount of Contribution (\$)	\$39.42
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Data Ma	anagement		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	m.	1	Total pages Schedule A1: Sch: 336/525 Rpt: 339/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	5 Full name of contributor out-of-state Mouthaan, Lisa	te PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
Q	Dringinal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	2VP Data Ma		l ³	Travelers Indemnity Co)		
	Date 12/01/2023	Mouthaan, Lisa)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occup 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-star Mouthaan, Lisa Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183			<u> </u>		
	2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Mouthaan, Lisa				Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 07/14/2023	Muse, Irene				Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	regional DII	LIIV CIAIIII SNO		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 337/525 Rpt: 340/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor out-of-state PAC (II Muse, Irene 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deire die alle access	Hunt Valley, MD 21031	<u> </u>	Fanda and Good backwartings			
8		pation / Job title (See Instructions) Env Claim SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Regional Dir	Env Claim SRG		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PAC (II Muse, Irene Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (II Muse, Irene Contributor address; City; State; Zip Code Hunt Valley, MD 21031			•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (II Muse, Irene Contributor address; City; State; Zip Code Hunt Valley, MD 21031)	•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	regional Dil	Liv Giaiii Sito		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete tl	his forr	n.	1	Total pages Schedule A1: Sch: 338/525 Rpt: 341/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Hunt Valley, MD 21031	- 1-		<u></u>		
8		pation / Job title (See Instructions) Env Claim SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		Env Claim SRG		Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor out-of-state PAC Muse, Irene Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Muse, Irene Contributor address; City; State; Zip Code Hunt Valley, MD 21031	`		•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Muse, Irene Contributor address; City; State; Zip Code Hunt Valley, MD 21031)	•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	regional Dil	Liv Olum Orto	<u> </u>	Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 339/525 Rpt: 342/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state PAC (ID Muse, Irene Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Delicalization	Hunt Valley, MD 21031	<u> </u>	Fanda an (Carlos bastos tiana			
8	•	pation / Job title (See Instructions) Env Claim SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$70.00
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	·/-		
	-	ophe Risk Mgmt		Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$70.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 340/525 Rpt: 343/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$70.00
_	Deinsinal sass	Hartford, CT 06183	<u> </u>		_		
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$70.00
	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	ophe Risk Mgmt		Travelers Indemnity Co	·)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$70.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (IE Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.00
	·	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	J. Galasti	Sp					

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 341/525 Rpt: 344/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$70.00
0	Dringing Loon	Hartford, CT 06183	ام	Employer (Co.) Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co	•)		
	Date 12/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$70.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	•	ophe Risk Mgmt		Travelers Indemnity Co	"		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID# Nelson, Eric Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$70.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.00
		pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Nestheide, James Contributor address; City; State; Zip Code Cincinnati, OH 45202)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 342/525 Rpt: 345/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor Nestheide, James6 Contributor address; City; State			7	Amount of Contribution (\$)	\$25.00
_	Dringing! aggs	Cincinnati, OH 45202	lo.	Employer (Coo Instructions			
8	•	pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Nestheide, James Contributor address; City; State				Amount of Contribution (\$)	\$25.00
	Principal occu	Cincinnati, OH 45202 pation / Job title (See Instructions)		Employer (See Instructions			
	•	ent-Field Mgmt		Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor Nestheide, James Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Nestheide, James Contributor address; City; State Cincinnati, OH 45202	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
	'	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Nestheide, James Contributor address; City; State Cincinnati, OH 45202	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	()		
	- 5	.					

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 343/525 Rpt: 346/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	's Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 10/06/2023	5 Full name of contributorNestheide, James6 Contributor address; City; S	out-of-state PAC (ID#:_ rate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
	Deinsinal	Cincinnati, OH 45202	a 1	<u> </u>	Frankrije (Cook patrijetina			
8		pation / Job title (See Instructions	5)		Employer (See Instructions Travelers Indemnity Co)		
	Regi Preside	ent-Field Mgmt			Travelers indefinitly Co			
	Date 10/20/2023	Full name of contributor Nestheide, James Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202		_				
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt			Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Nestheide, James Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202						
	Principal occu	pation / Job title (See Instructions	3)	Г	Employer (See Instructions)		
	•	ent-Field Mgmt	,		Travelers Indemnity Co	,		
	Date 11/17/2023	Full name of contributor Nestheide, James Contributor address; City; S Cincinnati, OH 45202)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions ent-Field Mgmt	s)		Employer (See Instructions Travelers Indemnity Co)		
					Travelers indefinitly Co			
	Date 12/01/2023	Full name of contributor Nestheide, James Contributor address; City; S Cincinnati, OH 45202	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 344/525 Rpt: 347/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 5 Full name of contributor out-of-state out-of-			7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Cincinnati, OH 45202	lo.	Employer (Con Instructions	<u>, </u>		
8	•	pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Nicks, Paul				Amount of Contribution (\$)	\$10.00
	Dringinal occu	Sewanee, TN 37375 pation / Job title (See Instructions)	-	Employer (See Instructions	·/-		
	Sr Counsel (Travelers Indemnity Co)		
	Date 07/28/2023	Nicks, Paul	te PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Sewanee, TN 37375					
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Nicks, Paul				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 08/25/2023	Nicks, Paul				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2. 350661						

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 345/525 Rpt: 348/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	 5 Full name of contributor out-of-state PA Nicks, Paul 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Dringing aggr	Sewanee, TN 37375	<u> </u>	Employer (See Instructions	<u>''</u>		
<u> </u>	Sr Counsel C	pation / Job title (See Instructions) Claim		Travelers Indemnity Co	·)		
	Date 09/22/2023	Full name of contributor out-of-state PA Nicks, Paul Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Sewanee, TN 37375		5 1 (0 1 1 1	<u></u>		
	Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PA Nicks, Paul Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Sewanee, TN 37375					
	Principal occu Sr Counsel C	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PA Nicks, Paul Contributor address; City; State; Zip Code Sewanee, TN 37375)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PANicks, Paul Contributor address; City; State; Zip Code Sewanee, TN 37375)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	S. Souriser C						

	MONET	ARY POLITICAL C	CONTRIBUTION			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 346/525 Rpt: 349/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor Nicks, Paul6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Sewanee, TN 37375					
8	Principal occu Sr Counsel (pation / Job title (See Instructions Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Nicks, Paul Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		-	Amount of Contribution (\$)	\$10.00
	Principal occu	Sewanee, TN 37375 pation / Job title (See Instructions	<u>)</u>	Employer (See Instructions	<u> </u>		
	Sr Counsel (,	Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Nicks, Paul Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Sewanee, TN 37375					
	Principal occu Sr Counsel (pation / Job title (See Instructions Claim)	Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Nixon, Christopher Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions perations)	Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Nixon, Christopher Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions perations)	Employer (See Instructions Travelers Indemnity Co			
		•		,,,,			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 347/525 Rpt: 350/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor Nixon, Christopher	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Dringinal accu	Hartford, CT 06183	ام	Employer (See Instructions			
<u> </u>	SVP Field O	pation / Job title (See Instructions) perations	9	Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor Nixon, Christopher Contributor address; City; State;				Amount of Contribution (\$)	\$10.00
	Dringing Lagra	Hartford, CT 06183		Frankrian (Cookarationa	_		
	SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Nixon, Christopher Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Nixon, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Nixon, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	21. 1.3.0	, 	l				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 348/525 Rpt: 351/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor Nixon, Christopher	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Deinainal assu	Hartford, CT 06183	la la	Frankriger (Cookington)	_		
8	SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor Nixon, Christopher Contributor address; City; State;)		Amount of Contribution (\$)	\$10.00
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	SVP Field O			Travelers Indemnity Co	')		
	Date 11/17/2023	Full name of contributor Nixon, Christopher Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co	()		
	Date 12/01/2023	Full name of contributor Nixon, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions) perations		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor Nixon, Christopher Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu SVP Field O	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		portation		The vote of machinity Go			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 349/525 Rpt: 352/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
•		Small Comml & BI BC		Travelers Indemnity Co	•)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Nordquist, Eric Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		Small Comml & BI BC		Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (I Nordquist, Eric Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (I Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 350/525 Rpt: 353/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Small Comml & BI BC	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		Small Comml & BI BC		Travelers Indemnity Co	·)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Nordquist, Eric Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	<u>l </u>		
	Date 11/17/2023	Full name of contributor out-of-state PAC (Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
	LVI W FIES	Sindi Collini & Di DC		Travelers muchimity CO			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 351/525 Rpt: 354/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
0	Dringing oggu	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
0		Small Comml & BI BC	9	Travelers Indemnity Co	·)		
	Date 12/15/2023	Nordquist, Eric)		Amount of Contribution (\$)	\$10.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	·	Small Comml & BI BC		Travelers Indemnity Co	P)		
	Date 07/14/2023	Full name of contributor out-of-state O'Brien, Thomas Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	O'Brien, Thomas			•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	O'Brien, Thomas)	•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	. togionai Dii						

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 352/525 Rpt: 355/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023		-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Richardson, TX 75081			_		
8		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out O'Brien, Thomas Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
		Env Claim SRG		Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor out O'Brien, Thomas Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	O'Brien, Thomas	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	O'Brien, Thomas	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	. togionai Dii						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 353/525 Rpt: 356/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023	5 Full name of contributorO'Brien, Thomas6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$10.00
0	Dringing aggr	Richardson, TX 75081	lo.	Employer (See Instructions			
8	Regional Dir	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor O'Brien, Thomas Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions			
		Env Claim SRG		Travelers Indemnity Co	')		
	Date 12/01/2023	Full name of contributor O'Brien, Thomas Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75081					
		pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/15/2023	Full name of contributor O'Brien, Thomas Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	·	pation / Job title (See Instructions) Env Claim SRG		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/14/2023	Full name of contributor Olivo, Maria Contributor address; City; State; New York City, NY 10017	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$288.46
	·	pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc)		
	3.00.00			2. 2.234. 23. 7000 1110			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 354/525 Rpt: 357/530	0
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-F	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$288.46
•	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	T _a	Employer (See Instructions	·/		
0		ev & Pres Int'l	3	TCI Global Services Inc			
	Date 08/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	EVP Strat De	ev & Pres Int'l		TCI Global Services Inc			
	Date 08/25/2023	Full name of contributor	t:)		Amount of Contribution (\$)	\$288.46
	Dringinal occur	New York City, NY 10017 pation / Job title (See Instructions)	_	Employer (See Instructions	·,		
		ev & Pres Int'l		TCI Global Services Inc			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID# Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$96.18
		pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc			
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005)		Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTIONS	5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form		1	Total pages Schedule A1: Sch: 355/525 Rpt: 358/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission F 00087159	-ilers)
4	Date 07/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$41.35
_	B	Alpharetta, GA 30005	- (0 1 1 1 1			
8	RVP Claim		Employer (See Instructions) Fravelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005				
	Principal occu RVP Claim		Employer (See Instructions) Fravelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005				
	Principal occu RVP Claim	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Employer (See Instructions) Fravelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005)		Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim		Employer (See Instructions) Fravelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005			Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim		Employer (See Instructions) Fravelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBUTION	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 356/525 Rpt: 359/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PAC	2)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005					
8	Principal occu RVP Claim			Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005				Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005				Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 357/525 Rpt: 360/530	ı
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state PAC (ID#:_Pascale, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$41.35
0	Dringing oggu	Alpharetta, GA 30005	١.	Employer (See Instructions	<u>,,</u>		
8	RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	•)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005	_		_		
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_Penn, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.31
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$37.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$37.31
	Principal occu 2VP Propert	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 358/525 Rpt: 361/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/25/2023	 5 Full name of contributor out-of-state PA Penn, Timothy 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$37.31
	Dringing! goog	Hartford, CT 06183	اما	Employer (See Instructions	<u>''</u>		
8	2VP Property	pation / Job title (See Instructions) y Large Loss	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PA Penn, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.31
	Delicalization	Hartford, CT 06183		For all 1997 (October 1997)			
	2VP Property	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PA Penn, Timothy Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$37.31
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PA Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAPenn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Propert	y Laige L033		Travelers muchinity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 359/525 Rpt: 362/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023	 5 Full name of contributor out-of-state in penn, Timothy 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$37.31
_	Dringing age	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) y Large Loss	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state in Penn, Timothy Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$37.31
	Delicalization	Hartford, CT 06183	-	Foundation (October 1997)			
	-	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state in Penn, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$37.31
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state in Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 12/29/2023	Full name of contributor out-of-state for Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$37.31
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 360/525 Rpt: 363/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	5 Full name of contributor Phillips, Kenneth	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005	zip code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Sr Dir Team	Lead		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Phillips, Kenneth Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr Dir Team	Lead		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Phillips, Kenneth Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occu Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor Phillips, Kenneth Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occu Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Phillips, Kenneth	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Contributor address; City; State; Alpharetta, GA 30005	Zip Code				
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr Dir Team	Lead		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 361/525 Rpt: 364/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributor out Out Out Out Out Out Out Out	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Delicalisation	Alpharetta, GA 30005		Farada a de la charactica de	_		
8	Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor out Phillips, Kenneth Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Dir Team	. ,		Travelers Indemnity Co	')		
	Date 10/20/2023	Full name of contributor out Phillips, Kenneth Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Alpharetta, GA 30005					
	Principal occu Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/03/2023	Phillips, Kenneth	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Dir Team	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/17/2023	Full name of contributor out Phillips, Kenneth Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Dir Team	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	J. Dii Touill						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 362/525 Rpt: 365/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	5 Full name of contributor Phillips, Kenneth	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	Alpharetta, GA 30005	lo	Frankrian (Can Instructions			
8	Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor Phillips, Kenneth Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Alpharetta, GA 30005		Familia var (Can Instructiona			
	Sr Dir Team	pation / Job title (See Instructions) Lead		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Porcello, Suzanne Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Porcello, Suzanne Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Porcello, Suzanne Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	vi Finance			Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 363/525 Rpt: 366/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$31.73
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>:)</u>		
	VP Finance		3	Travelers Indemnity Co	•)		
	Date 09/08/2023	Full name of contributor				Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Porcello, Suzanne Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Porcello, Suzanne Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Porcello, Suzanne Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 364/525 Rpt: 367/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor out-of-state PAC (ID#: Porcello, Suzanne Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$31.73
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l a	Employer (See Instructions	;) 		
_	VP Finance			Travelers Indemnity Co	·)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Porcello, Suzanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Porcello, Suzanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Porcello, Suzanne Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: Porcello, Suzanne Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 365/525 Rpt: 368/530)
2	FILER NAME		/ - :		3	Filer ID (Ethics Commission	n Filers)
	The Travelei	rs Companies, Inc. Political Action Committee	e (T-PAC)			00087159	
4	Date 07/14/2023	 Full name of contributor out-of-state PA Puster, Peter Contributor address; City; State; Zip Code 	AC (ID#:		7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	SVP Quantit	ative Research		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PA Puster, Peter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP Quantit	ative Research		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor out-of-state PA Puster, Peter Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Quantit	ative Research		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PA Puster, Peter Contributor address; City; State; Zip Code St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Quantit	ative Research		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state PA Puster, Peter Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
	Drive	St. Paul, MN 55102		England (2)			
	•	pation / Job title (See Instructions) ative Research		Employer (See Instructions Travelers Indemnity Co	5)		
	J., Quanti						

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 366/525 Rpt: 369/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	5 Full name of contributorPuster, Peter6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
8		pation / Job title (See Instructions) ative Research	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor [Puster, Peter Contributor address; City; Stat)		Amount of Contribution (\$)	\$50.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	SVP Quantit	ative Research		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor [Puster, Peter Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions) ative Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Puster, Peter Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ative Research		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Puster, Peter Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ative Research		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 367/525 Rpt: 370/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PAC Puster, Peter Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>:)</u>		
		ative Research		Travelers Indemnity Co	"		
	Date 12/15/2023	Full name of contributor out-of-state PAC Puster, Peter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102			<u></u>		
		pation / Job title (See Instructions) ative Research		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$36.25
		Morristown, NJ 07960					
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)	•	Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)	•	Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Jaics Difecti	or ocicu		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 368/525 Rpt: 371/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$36.25
_	<u> </u>	Morristown, NJ 07960	la la	5 1 (0 1 1 1	<u></u>		
8	Sales Directo	pation / Job title (See Instructions) or Select	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$36.25
	Principal occu	Morristown, NJ 07960 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Sales Directo			Travelers Indemnity Co	-,		
	Date 09/22/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$36.25
		Morristown, NJ 07960					
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960			-	Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)	•	Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Sales Birell						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 369/525 Rpt: 372/530)
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u>(</u>		00087159	
4	Date 11/03/2023	5 Full name of contributor Quinn, Robert6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.25
		Morristown, NJ 07960					
8	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	Sales Directo	or Select		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Quinn, Robert Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$36.25
	Principal occu	Morristown, NJ 07960 pation / Job title (See Instructions)		Employer (See Instructions	2) 		
	Sales Directo			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	12/01/2023	Quinn, Robert Contributor address; City; Sta				(,)	\$36.25
	Delegale at a second	Morristown, NJ 07960		Farada and (October de America	<u> </u>		
	Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions			
	Sales Directi			Travelers Indemnity Co	_		
	Date 12/15/2023	Full name of contributor Quinn, Robert Contributor address; City; Sta Morristown, NJ 07960	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$36.25
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sales Directo	or Select		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Quinn, Robert Contributor address; City; Sta Morristown, NJ 07960	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$36.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sales Directo	or Select		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comple	te this forr	m.	1	Total pages Schedule A1: Sch: 370/525 Rpt: 373/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
•	Dringinal accu	St. Paul, MN 55102 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	SVP Portfolio		9	Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Princinal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	SVP Portfolio			Travelers Indemnity Co	,,		
	Date 08/11/2023	Full name of contributor out-of-state Raarup, Thor Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Raarup, Thor	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/08/2023	Full name of contributor out-of-state Raarup, Thor Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$25.00
	Principal occu SVP Portfolio	pation / Job title (See Instructions) Discrete Mamt		Employer (See Instructions Travelers Indemnity Co	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 371/525 Rpt: 374/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		00087159	
4	Date 09/22/2023	5 Full name of contributor Raarup, Thor6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	SVP Portfolio			Travelers Indemnity Co	,		
		Full name of contributor	7			Amount of Contribution (4)	
	Date 10/06/2023	Raarup, Thor Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Portfolio	o Mgmt		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Raarup, Thor Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Portfolio	o Mgmt		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Raarup, Thor Contributor address; City; Stat St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor Raarup, Thor Contributor address; City; Stat St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Portfolio	o Mgmt		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 372/525 Rpt: 375/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 12/01/2023	Full name of contributor Raarup, ThorContributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions	s) !	9 Employer (See Instructions	<u>. </u>		
	SVP Portfolio	o Mgmt		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Raarup, Thor Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	SVP Portfolio	o Mgmt		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Rackliffe, Heather Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.96
		Farmington, CT 06032					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Rackliffe, Heather Contributor address; City; Si Farmington, CT 06032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Rackliffe, Heather Contributor address; City; Si Farmington, CT 06032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 373/525 Rpt: 376/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023		state PAC (ID#:		7	Amount of Contribution (\$)	\$25.96
_	<u> </u>	Farmington, CT 06032		5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) tems Consultant	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-s Rackliffe, Heather Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$25.96
	Deinsinal assu	Farmington, CT 06032		Frankrian (Cook la structions	<u></u>		
	Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-s Rackliffe, Heather Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.96
		Farmington, CT 06032					
		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Rackliffe, Heather	otate PAC (ID#:			Amount of Contribution (\$)	\$25.96
	-	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Rackliffe, Heather	otate PAC (ID#:)		Amount of Contribution (\$)	\$25.96
	•	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	5 Dub. Oyb	Consultant					

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 374/525 Rpt: 377/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)			00087159	
4	Date 11/03/2023	5 Full name of contributor Rackliffe, Heather 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.96
8	Principal occu	Farmington, CT 06032 pation / Job title (See Instructions)	9	Employer (See Instructions	3)		
ľ		tems Consultant	l ³	Travelers Indemnity Co	')		
	Date 11/17/2023	Full name of contributor [Rackliffe, Heather Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
		Farmington, CT 06032					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor [Rackliffe, Heather Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
		Farmington, CT 06032					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Rackliffe, Heather Contributor address; City; Stat Farmington, CT 06032	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr. Bus. Sys	tems Consultant		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Rackliffe, Heather Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
		Farmington, CT 06032					
		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	·)		
			·				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 375/525 Rpt: 378/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/14/2023	5 Full name of contributor out	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$105.29
_	Dringing age	Melville, NY 11747	10	Employer (Coo Instructions	<u>, </u>		
8	BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/28/2023	Ramalho, Sean Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$105.29
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	BI Field Vice President			Travelers Indemnity Co	,		
	Date 08/11/2023	Full name of contributor out Ramalho, Sean Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Ramalho, Sean	-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out Ramalho, Sean Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Si i icia vice						

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 376/525 Rpt: 379/530	0
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/22/2023	5 Full name of contributor out-of-	state PAC (ID#:		7	Amount of Contribution (\$)	\$105.29
_	Dringing! aggr	Melville, NY 11747	lo.	Employer (Coo Instructions	_		
8	BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/06/2023	Ramalho, Sean Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$105.29
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	BI Field Vice President			Travelers Indemnity Co	•		
	Date 10/20/2023	Full name of contributor out-of-Ramalho, Sean Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Ramalho, Sean	state PAC (ID#: ode			Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Ramalho, Sean	state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Si i icia vice		1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 377/525 Rpt: 380/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/01/2023	5 Full name of contributor Ramalho, Sean	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.29
_	Dringing! aggs	Melville, NY 11747	lo.	Employer (Coo Instructions	_		
8	BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/15/2023	Full name of contributor Ramalho, Sean Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$105.29
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	BI Field Vice President			Travelers Indemnity Co	,		
	Date 12/29/2023				Amount of Contribution (\$)	\$105.29	
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/14/2023	Full name of contributor Rawlings, Stacey Contributor address; City; State Lancaster, PA 17601)		Amount of Contribution (\$)	\$46.73
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/28/2023	Full name of contributor Rawlings, Stacey Contributor address; City; State Lancaster, PA 17601	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$46.73
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	TO SCIEUL	a 5.1 ld 013 & D3t		Travelers indefinity CO			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 378/525 Rpt: 381/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC)			00087159	
4	Date 08/11/2023	 Full name of contributor Rawlings, Stacey Contributor address; City; States 	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$46.73
	Dringing Loop	Lancaster, PA 17601	. lo	Employer (See Instructions			
8		pation / Job title (See Instructions) & BI Fld SIs & Dst	9	, , ,	5)		
	RVP Select	& BI FIU SIS & DSI		Travelers Indemnity Co	_		
	Date 08/25/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.73
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Sta Lancaster, PA 17601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.73
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	5)		
		& BI Fld Sls & Dst		Travelers Indemnity Co			
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS	•		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 379/525 Rpt: 382/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	's Companies, Inc. Political A	ction Committee (T-PA	C)			00087159	
4	Date 10/20/2023	5 Full name of contributor Rawlings, Stacey6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601						
8	Principal occu	nation / Job title (See Instructions	3)	9 E	mployer (See Instructions)		
		& BI Fld Sls & Dst	,		ravelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor Rawlings, Stacey Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601						
	Principal occu	pation / Job title (See Instructions	3)	E	mployer (See Instructions)		
	RVP Select	& BI Fld Sls & Dst		T	ravelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Rawlings, Stacey Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601						
	Principal occu	I pation / Job title (See Instructions	3)	E)		
	RVP Select	& BI Fld Sls & Dst		T	ravelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Si Lancaster, PA 17601	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$46.73
	•	pation / Job title (See Instructions	5)		mployer (See Instructions)		
	RVP Select	& BI Fld Sls & Dst		T	ravelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Rawlings, Stacey Contributor address; City; Staces Lancaster, PA 17601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$46.73
	Principal occu	pation / Job title (See Instructions	s)	E	mployer (See Instructions)		
	RVP Select	& BI Fld Sls & Dst		T	ravelers Indemnity Co			

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 380/525 Rpt: 383/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/29/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.73
_		Lancaster, PA 17601	<u></u>				
8		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Reagin, Tammy Contributor address; City; State; 2)		Amount of Contribution (\$)	\$24.50
	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)		Employer (See Instructions)		
	Dir Cash Control			Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.50
		Richmond, VA 23233					
	Principal occu Dir Cash Cor	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor				Amount of Contribution (\$)	\$24.50
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Reagin, Tammy				Amount of Contribution (\$)	\$24.50
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co)		
			I				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 381/525 Rpt: 384/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor	ıt-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$24.50
8	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Dir Cash Co	ntrol		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor ou Reagin, Tammy Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$24.50
		Richmond, VA 23233					
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Dir Cash Control			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor ြ ၀. Reagin, Tammy Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$24.50
		Richmond, VA 23233					
	Principal occu Dir Cash Cor	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/20/2023	Full name of contributor ou Reagin, Tammy Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$24.50
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Reagin, Tammy				Amount of Contribution (\$)	\$24.50
	Principal occu Dir Cash Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	J., 30311 001			avoicio indefinity 60			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 382/525 Rpt: 385/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.50
8	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)	l _a	Employer (See Instructions	;) 		
_	Dir Cash Co	ntrol		Travelers Indemnity Co	·)		
	Date 12/01/2023	Full name of contributor out-o Reagin, Tammy Contributor address; City; State; Zip 0)		Amount of Contribution (\$)	\$24.50
	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Dir Cash Co	,		Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor out-on Reagin, Tammy Contributor address; City; State; Zip of	of-state PAC (ID#:			Amount of Contribution (\$)	\$24.50
		Richmond, VA 23233					
	Principal occu Dir Cash Cor	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Reagin, Tammy				Amount of Contribution (\$)	\$24.50
	Principal occu Dir Cash Cor	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/14/2023	Full name of contributor out-on the contributor address; City; State; Zip on the contributor address; City; City; State; Zip on the contributor address; City;	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	J. Q OINCE	7.00a.y 20.10 a 01					

	MONET	ARY POLITICAL CONTRIBUT	TION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 383/525 Rpt: 386/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	Г-РАС)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor out-of-state PAC (Reimer, Raymond 6 Contributor address; City; State; Zip Code	`)	7	Amount of Contribution (\$)	\$25.00
•	Dringing Lagge	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) Actuary Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (Reimer, Raymond Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	=)		
		Actuary Bond & SI		Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (Reimer, Raymond Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)	•	Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 384/525 Rpt: 387/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor out-of-state PAC (II Reimer, Raymond 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Lagra	Hartford, CT 06183	ام	Frankrian (Cookarin ations	<u></u>		
8		pation / Job title (See Instructions) Actuary Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (II Reimer, Raymond Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>,,</u>		
	•	Actuary Bond & SI		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state PAC (II Reimer, Raymond Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	-		
	Date 11/17/2023	Full name of contributor out-of-state PAC (II Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/01/2023	Full name of contributor out-of-state PAC (II Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183	D #:		•	Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co			
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	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 385/525 Rpt: 388/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)			00087159	
4	Date 12/15/2023	5 Full name of contributor Reimer, Raymond6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Roen, Erik Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP CIO & E	Business Intel		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Roen, Erik Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	SVP CIO & E	Business Intel		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Roen, Erik Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Roen, Erik Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$45.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP CIO & E	Business Intel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	his forr	n.	1	Total pages Schedule A1: Sch: 386/525 Rpt: 389/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/08/2023	 5 Full name of contributor out-of-state PAC Roen, Erik 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$45.67
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code	`)		Amount of Contribution (\$)	\$45.67
	Deire sin al access	Hartford, CT 06183	i	Formula con (October American			
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.67
	'	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 387/525 Rpt: 390/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 5 Full name of contributor out-of-state PAC Roen, Erik 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$45.67
_	Deinstead	Hartford, CT 06183	- 10	Faralassa (Osas lastavetiana			
8		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code	,)	•	Amount of Contribution (\$)	\$45.67
	Princinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		Business Intel		Travelers Indemnity Co	,,		
	Date 12/15/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.67
	'	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 388/525 Rpt: 391/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_		Hartford, CT 06183			_		
8		pation / Job title (See Instructions) COO Business Ins	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$20.00
	Dringing ago	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	•	COO Business Ins		Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/22/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 389/525 Rpt: 392/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_		Hartford, CT 06183			_		
8		pation / Job title (See Instructions) COO Business Ins	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183			<u> </u>		
	·	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 12/01/2023	Full name of contributor out-of-state F Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-)		Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 390/525 Rpt: 393/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	Rogers, Timothy	ate PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_	Duinning Langu	Hartford, CT 06183	lo-	Francisco (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Rohlfing, James)		Amount of Contribution (\$)	\$40.77
	Principal occu	Morristown, NJ 07960 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·/-		
	Managing Co	,		Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor out-of-star Rohlfing, James Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/25/2023	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	·	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 391/525 Rpt: 394/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	5 Full name of contributor out-o	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.77
_	Deinsinal assu	Morristown, NJ 07960	lo lo	Franks or (Cas Instructions	<u></u>		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$40.77
	Dein sin al acces	Morristown, NJ 07960		Farada a de la charactica de	<u></u>		
	Managing Co	pation / Job title (See Instructions) punsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/03/2023	Rohlfing, James	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.77
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 392/525 Rpt: 395/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.77
	Dringing aggr	Morristown, NJ 07960	lo lo	Employer (See Instructions	_		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim	9	Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor out-o Rohlfing, James Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
	Principal occu Managing Co	pation / Job title (See Instructions) Dunsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-o Rohlfing, James Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/29/2023	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-o Rowland, David Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 393/525 Rpt: 396/536	0
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/28/2023	 Full name of contributor out-of-state P. Rowland, David Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	St. Paul, MN 55102	ام	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 08/11/2023	Full name of contributor out-of-state Pa Rowland, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102		= 1 (0 1 1 1	L		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state P. Rowland, David Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state Pa Rowland, David Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state Part Rowland, David Contributor address; City; State; Zip Code St. Paul, MN 55102	AC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	EVI CO-CIII	or investment one		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 394/525 Rpt: 397/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PAR owland, David Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	St. Paul, MN 55102	ام	Employer (See Instructions	·/		
0		pation / Job title (See Instructions) ef Investment Offcr	9	Travelers Indemnity Co	•)		
	Date 10/20/2023	Full name of contributor out-of-state PAROWland, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102	1		_		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAROWIAND, David Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAROWIAND, David Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAROWIAND, David Contributor address; City; State; Zip Code St. Paul, MN 55102	4C (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	EVI CO-CIII	or investment one		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 395/525 Rpt: 398/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state PAC Rowland, David Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$100.00
•	Dringinal occur	St. Paul, MN 55102 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0		ef Investment Offcr	9	Travelers Indemnity Co	·)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Roy, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Windsor, CT 06095			<u>_</u>		
		pation / Job title (See Instructions) ontrol Forensic		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occur	windsor, CT 06095 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	entrol Forensic		Travelers Indemnity Co	"		
	Date 08/11/2023	Full name of contributor out-of-state PAC Roy, David Contributor address; City; State; Zip Code Windsor, CT 06095	,)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	2VP Risk Co	entrol Forensic		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PAC Roy, David Contributor address; City; State; Zip Code Windsor, CT 06095)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	ZVP RISK Co	entrol Forensic		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	te this forr	m.	1	Total pages Schedule A1: Sch: 396/525 Rpt: 399/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023		PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
	Dringing aggr	Windsor, CT 06095	lo.	Employer (See Instructions	<u>''</u>		
0		pation / Job title (See Instructions) ntrol Forensic	9	Travelers Indemnity Co			
	Date 09/22/2023	Roy, David	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Windsor, CT 06095					
		pation / Job title (See Instructions) ntrol Forensic		Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor out-of-state Roy, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Drincinal occu	Windsor, CT 06095 pation / Job title (See Instructions)		Employer (See Instructions	-) 		
		ntrol Forensic		Travelers Indemnity Co	-		
	Date 10/20/2023	Roy, David Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	windsor, CT 06095 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	2VP Risk Co	ntrol Forensic		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state Roy, David Contributor address; City; State; Zip Code Windsor, CT 06095)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	2VP Risk Co	ntrol Forensic		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 397/525 Rpt: 400/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 5 Full name of contributor out-of-state PAROY, David 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$10.00
	Dringing agg	Windsor, CT 06095	ام	Employer (See Instructions	<u>''</u>		
•		pation / Job title (See Instructions) ontrol Forensic	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 12/01/2023	Full name of contributor	-		•	Amount of Contribution (\$)	\$10.00
	Principal occu	Windsor, CT 06095 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		ontrol Forensic		Travelers Indemnity Co	P)		
	Date 12/15/2023	Full name of contributor out-of-state PAROY, David Contributor address; City; State; Zip Code	-		•	Amount of Contribution (\$)	\$10.00
		Windsor, CT 06095					
		pation / Job title (See Instructions) ontrol Forensic		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$46.15
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 07/28/2023	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$46.15
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Boliu &	or chairi ops		Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 398/525 Rpt: 401/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 Full name of contributor out-of-state P Ryczek, Ellen Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$46.15
	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
0		pation / Job title (See Instructions) SI Claim Ops	9	Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state P Ryczek, Ellen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183	•				
	-	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state P Ryczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out-of-state P Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$46.15
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state P Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$46.15
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
		C. C.a Opo					

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 399/525 Rpt: 402/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	 Full name of contributor out-of-state PAC Ryczek, Ellen Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$46.15
_	Dringing aggr	Hartford, CT 06183	- 10	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) SI Claim Ops	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state PAC Ryczek, Ellen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	-	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor out-of-state PAC Ryczek, Ellen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$69.23
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state PAC)	•	Amount of Contribution (\$)	\$69.23
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	ZVI Boliu &	or oranii opo		Travelers muchinity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 400/525 Rpt: 403/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/29/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$69.23
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
•		SI Claim Ops		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP Corpora			Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	-		
	Date 08/11/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	-		
	Date 08/25/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	ST. Corpore						

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 401/525 Rpt: 404/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/08/2023	 Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	l _o	Employer (See Instructions	-, 		
•	SVP Corpora		9	Travelers Indemnity Co	·)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code	`			Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	SVP Corpora			Travelers Indemnity Co	"		
	Date 10/06/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/03/2023	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ST. Corpore						

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	lete this form	m.	1	Total pages Schedule A1: Sch: 402/525 Rpt: 405/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	SVP Corpora			Travelers Indemnity Co	,,		
	Date 12/01/2023	Rynda, Scott	te PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102		- I (0 I i ii	<u></u>		
	SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-sta Rynda, Scott Contributor address; City; State; Zip Code	tte PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Schaefer, William				Amount of Contribution (\$)	\$10.00
	Principal occu VP Large Lo	pation / Job title (See Instructions) SS		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 07/28/2023	Full name of contributor out-of-sta Schaefer, William Contributor address; City; State; Zip Code Hartford, CT 06183	tte PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Large Lo	55		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 403/525 Rpt: 406/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l q	Employer (See Instructions	:) 		
0	VP Large Lo		ľ	Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP Large Lo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/08/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringinal accu	Partford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instructions	·/ 		
	VP Large Lo			Travelers Indemnity Co)		
	Date 09/22/2023	Schaefer, William	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu VP Large Lo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/06/2023	Schaefer, William	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Large Lo	33		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 404/525 Rpt: 407/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor Schaefer, William	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
Q	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions			
0	VP Large Lo			Travelers Indemnity Co	')		
	Date 11/03/2023	Full name of contributor Schaefer, William Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu VP Large Lo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	Date 11/17/2023	Full name of contributor Schaefer, William Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	_		
	VP Large Lo	pation / Job title (See Instructions) SS		Employer (See Instructions Travelers Indemnity Co	')		
	Date 12/01/2023	Full name of contributor Schaefer, William Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu VP Large Lo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor Schaefer, William Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	VP Large Lo			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 405/525 Rpt: 408/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$68.27
_	Deinainal assu	Hartford, CT 06183	-10	Francis on (Cool matricetic no			
8	·	pation / Job title (See Instructions) CCorpLit &AsstCorpSec	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (II Schwartz, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (II Schwartz, Peter Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (II Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$68.27
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/08/2023	Full name of contributor out-of-state PAC (II Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	I D#:)		Amount of Contribution (\$)	\$68.27
	·	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 33.930	,					

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 406/525 Rpt: 409/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 5 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$68.27
_	Deinstead	Hartford, CT 06183	<u> </u>	Fanda an (Carlos bastos tiana			
8	·	pation / Job title (See Instructions) CCorpLit &AsstCorpSec	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor				Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID: Schwartz, Peter Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$68.27
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID: Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	#:			Amount of Contribution (\$)	\$68.27
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 33.930						

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 407/525 Rpt: 410/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	5 Full name of contributor out-of-state PAC (I Schwartz, Peter 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$68.27
8	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
•	·	CCorpLit &AsstCorpSec	9	Travelers Indemnity Co	·)		
	Date 12/15/2023	Full name of contributor)		Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183			_		
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (I Schwartz, Peter Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (I Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
		J. J. J. J. J. J. J. J. J. J. J. J. J. J					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 408/525 Rpt: 411/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti		5)	L	00087159	
4	Date 08/11/2023	5 Full name of contributor	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Scoll, Matthew Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor [Scoll, Matthew Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> ;)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Scoll, Matthew Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor [Scoll, Matthew Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 409/525 Rpt: 412/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Actio				00087159	
4	Date 10/20/2023	5 Full name of contributor Scoll, Matthew6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Scoll, Matthew Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Scoll, Matthew Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Scoll, Matthew Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Scoll, Matthew Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$24.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 410/525 Rpt: 413/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political A	ction Committee (T-PAC	C)			00087159	
4	Date 12/29/2023	5 Full name of contributor Scoll, Matthew6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions	s)	9	Employer (See Instructions)		
		Gen Counsel-Claim			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Scudieri, Jonathan Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183						
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	VP Ent Mark	et Research			Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Scudieri, Jonathan Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183						
	Principal occu	nation / Job title (See Instructions	3)		Employer (See Instructions)		
	VP Ent Mark	et Research			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Scudieri, Jonathan Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions et Research	5)		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor Scudieri, Jonathan Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$52.88
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	VP Ent Mark	et Research			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this forn	m.	1	Total pages Schedule A1: Sch: 411/525 Rpt: 414/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor out-of-state Scudieri, Jonathan	te PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88
_	Dringing aggr	Hartford, CT 06183	10	Employer (See Instructions	<u></u>		
8	VP Ent Mark	pation / Job title (See Instructions) et Research	9	Employer (See Instructions Travelers Indemnity Co	···		
	Date 09/22/2023	Scudieri, Jonathan				Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occup VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state Scudieri, Jonathan Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Scudieri, Jonathan)		Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Scudieri, Jonathan	te PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	VI LIILIVIAIK	ot resourch		Travelers indefining CO			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 412/525 Rpt: 415/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor out-of-	-state PAC (ID#:		7	Amount of Contribution (\$)	\$52.88
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	٥	Employer (See Instructions	·/		
•	VP Ent Mark		9	Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor out-of- Scudieri, Jonathan Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$52.88
	Delicational	Hartford, CT 06183	1	Frankrije (Cookstantiis an	$\overline{\Gamma}$		
	VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of- Scudieri, Jonathan Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Scudieri, Jonathan	-state PAC (ID#: ode			Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Seaver, Vincent	-state PAC (ID#:)		Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	• •		I				

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 413/525 Rpt: 416/530	
2	FILER NAME The Traveler	s Companies, Inc. Political A	ction Committee (T-PAC	;)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor Seaver, Vincent6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$44.81
		Hartford, CT 06183						
8	Principal occu VP Operation	pation / Job title (See Instructions	9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/11/2023	Full name of contributor Seaver, Vincent Contributor address; City; Si					Amount of Contribution (\$)	\$44.81
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	<u>a</u>		Employer (See Instructions	;) 		
	VP Operation		,		Travelers Indemnity Co	,,		
	Date 08/25/2023	Full name of contributor Seaver, Vincent Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.81
		Hartford, CT 06183						
	Principal occu VP Operation	pation / Job title (See Instructions	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Seaver, Vincent Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Seaver, Vincent Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions	(3)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 414/525 Rpt: 417/530)
2	FILER NAME		6 (7.5.4		3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political A		<u> </u>	L	00087159	
4	Date 10/06/2023	5 Full name of contributor Seaver, Vincent6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$44.81
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions	s) [9	Employer (See Instructions	5)		
	VP Operation	ns		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Seaver, Vincent Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.81
		Hartford, CT 06183					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	VP Operation	ns ———————		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Seaver, Vincent Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$44.81
		Hartford, CT 06183					
	Principal occu	I pation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u> S)		
	VP Operation	ns		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Seaver, Vincent Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions	s)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Seaver, Vincent Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions	5)	Employer (See Instructions Travelers Indemnity Co	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 415/525 Rpt: 418/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	Seaver, Vincent	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$44.81
	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions			
•	VP Operation	pation / Job title (See Instructions) ns		Travelers Indemnity Co)		
	Date 12/29/2023	Full name of contributor Seaver, Vincent Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$44.81
	Dringinal occu	Hartford, CT 06183		Employer (See Instructions			
	VP Operation	pation / Job title (See Instructions) ns		Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 416/525 Rpt: 419/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/25/2023	5 Full name of contributor Seminara, Nicholas	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Hartford, CT 06183	lo lo	Francisco (Coo Instructions			
8		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State;				Amount of Contribution (\$)	\$250.00
	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
		Claim Officer		Travelers Indemnity Co	,		
	Date 09/22/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Shasha, Todd Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$34.62
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co)		
	Sr. Mymy Pl	Ou Dii 1 1 Maillic	I	Travelers indefinitly CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 417/525 Rpt: 420/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	tion Committee (T-PAC		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor [Shasha, Todd 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183	.				
8		upation / Job title (See Instructions) rod Dir PI Marine	9	9 Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/25/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	Travelers Indemnity Co		Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183 upation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> S)		
	Date 09/08/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$34.62
		upation / Job title (See Instructions) rod Dir PI Marine		Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$34.62
		upation / Job title (See Instructions) rod Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 418/525 Rpt: 421/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	5 Full name of contributor [Shasha, Todd6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183					
8		pation / Job title (See Instructions) od Dir PI Marine	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/20/2023	Full name of contributor [Shasha, Todd Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$34.62
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Sr. Mging Pr	od Dir PI Marine		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor [Shasha, Todd Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183					
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$34.62
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor [Shasha, Todd Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:te; Zip Code)	•	Amount of Contribution (\$)	\$34.62
	•	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
			<u>_</u>	·			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 419/525 Rpt: 422/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	's Companies, Inc. Political Ac	tion Committee (T-PAC	3)		00087159	
4	Date 12/15/2023	5 Full name of contributor Shasha, Todd6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Sr. Mging Pr	od Dir PI Marine		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Shasha, Todd Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Mging Pr	od Dir PI Marine		Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta Murfreesboro, TN 37128	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$16.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta Murfreesboro, TN 37128	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	l Property		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 420/525 Rpt: 423/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC))		00087159	
4	Date 08/25/2023	5 Full name of contributor [Shelton, Martin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>L</u>		
	2VP Nationa			Travelers Indemnity Co	•		
	Date 09/08/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$16.92
	Driverinal con-	Murfreesboro, TN 37128		Empleyer (Coo Instructions	<u></u>		
	2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				Travelers indefinity Co	_		
	Date 09/22/2023	Full name of contributor [Shelton, Martin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	ıı Property		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta Murfreesboro, TN 37128	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$16.92
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Shelton, Martin Contributor address; City; Sta Murfreesboro, TN 37128	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$16.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	ll Property		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to cor	nplete this form	n.	1	Total pages Schedule A1: Sch: 421/525 Rpt: 424/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Co	nmittee (T-PAC)			00087159	
4	Date 11/03/2023	Shelton, Martin	s-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.92
8	Principal occu	Murfreesboro, TN 37128 pation / Job title (See Instructions)	9	Employer (See Instructions			
ľ	2VP Nationa		•	Travelers Indemnity Co	')		
	Date 11/17/2023		F-state PAC (ID#:)		Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-o Shelton, Martin Contributor address; City; State; Zip 0	-state PAC (ID#:)		Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128					
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/15/2023	Full name of contributor out-o Shelton, Martin Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$16.92
	Principal occu 2VP Nationa	pation / Job title (See Instructions) I Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out-o	-state PAC (ID#:			Amount of Contribution (\$)	\$16.92
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	и <i>P</i> торетty		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 422/525 Rpt: 425/530)
2	FILER NAME	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	5 Full name of contributor Simmons, Robert 6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
8	VP Business			Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Spokane, WA 99201 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	VP Business			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
	Principal occu VP Business	pation / Job title (See Instructions) c Center		Employer (See Instructions Travelers Indemnity Co	•		
	Date 08/25/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions) Center		Employer (See Instructions Travelers Indemnity Co	•		
	Date 09/08/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	vi Dualliess	, certici		Travelers indefinity CO			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 423/525 Rpt: 426/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 5 Full name of contributor Simmons, Robert 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	D: : 1	Spokane, WA 99201		5 1 (0 1 1 1	Ĺ		
8	VP Business		9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta				Amount of Contribution (\$)	\$25.00
	Dringing aggs	Spokane, WA 99201		Employer (Coo Instruction	<u></u>		
	VP Business	pation / Job title (See Instructions) c Center		Employer (See Instructions Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
	Principal occu VP Business	pation / Job title (See Instructions) Center		Employer (See Instructions Travelers Indemnity Co	•		
	Date 11/03/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta Spokane, WA 99201	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions) Center		Employer (See Instructions Travelers Indemnity Co	•		
	Date 11/17/2023	Full name of contributor Simmons, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	VP Business	o Certici	L	Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 424/525 Rpt: 427/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	5 Full name of contributorSimmons, Robert6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
8	Principal occu VP Business	pation / Job title (See Instructions) s Center		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor Simmons, Robert Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Spokane, WA 99201 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	VP Business			Travelers Indemnity Co	,		
	Date 07/14/2023	Full name of contributor Smith, David Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Smith, David Contributor address; City; State; West Bridgewater, MA 02379				Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Smith, David Contributor address; City; State; West Bridgewater, MA 02379)		Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			l .				

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 425/525 Rpt: 428/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	۱C)			00087159	
4	Date 08/25/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$15.00
_	Deinsinal case	West Bridgewater, MA 02379	la.	Frankriger (Cool Institution			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	RVP Claim			Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	RVP Claim			Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu	pation / Job title (See Instructions)	Г	Employer (See Instructions	<u>. </u>		
	RVP Claim	,		Travelers Indemnity Co	,		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379				Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379				Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		

	MONEI	ARY POLITICAL CONTRIBUTION)N:	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	form	1.	1	Total pages Schedule A1: Sch: 426/525 Rpt: 429/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)			00087159	
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
•	Dringing conu	West Bridgewater, MA 02379 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
ō	RVP Claim	pation / Job title (See Instructions)		Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code	<u> </u>)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Claim		,	Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Claim	, ,	1	Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379				Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)	1	Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions)	1	Employer (See Instructions)		
	EVP Chief In	novation Officer		TCI Global Services Inc			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	r m.	1	Total pages Schedule A1: Sch: 427/525 Rpt: 430/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	tion Committee (T-PAC)	3	Filer ID (Ethics Commission 00087159	า Filers)
4	Date 07/28/2023	5 Full name of contributor Smith, Kevin 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
8	Principal occi	Hartford, CT 06183 upation / Job title (See Instructions)	l q	Employer (See Instructions	;) 		
		nnovation Officer		TCI Global Services Inc			
	Date 08/11/2023	Full name of contributor [Smith, Kevin Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
	Dringinal accu	Hartford, CT 06183 upation / Job title (See Instructions)		Employer (See Instructions	·/-		
		nnovation Officer		TCI Global Services Inc			
	Date 08/25/2023	Full name of contributor Smith, Kevin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		upation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc	•		
	Date 09/08/2023	Full name of contributor Smith, Kevin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$208.33
	•	upation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 09/22/2023	Full name of contributor Smith, Kevin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$208.33
		upation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 428/525 Rpt: 431/536	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/06/2023	 5 Full name of contributor out-of-state PA Smith, Kevin 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$208.33
_	Deinsinal sass	Hartford, CT 06183	- 10	Franks von (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) nnovation Officer	9	Employer (See Instructions TCI Global Services Inc			
	Date 10/20/2023	Full name of contributor out-of-state PA Smith, Kevin Contributor address; City; State; Zip Code	,)		Amount of Contribution (\$)	\$208.33
	Deirectional	Hartford, CT 06183	Ī	Foundation (October 1997)			
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 11/03/2023	Full name of contributor out-of-state PA Smith, Kevin Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 11/17/2023	Full name of contributor out-of-state PA Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 12/01/2023	Full name of contributor out-of-state PA Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	,)	•	Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 429/525 Rpt: 432/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	5 Full name of contributor Smith, Kevin 6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$208.33
_	Deirectional	Hartford, CT 06183	- In	Faralassa (Ossalassas dise	Ĺ		
8		pation / Job title (See Instructions) novation Officer		Employer (See Instructions TCI Global Services Inc	·)		
	Date 07/14/2023	Full name of contributor Smith, Matthew Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$10.00
		St. Paul, MN 55102					
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	;)		
	Date 07/28/2023	Full name of contributor Smith, Matthew Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$10.00
		St. Paul, MN 55102					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/11/2023	Full name of contributor Smith, Matthew Contributor address; City; State St. Paul, MN 55102)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Smith, Matthew Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 430/525 Rpt: 433/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	 5 Full name of contributor out-of-state PAC (ID# Smith, Matthew 6 Contributor address; City; State; Zip Code 	<u> </u>)	7	Amount of Contribution (\$)	\$10.00
_		St. Paul, MN 55102	٦_				
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# Smith, Matthew Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		St. Paul, MN 55102					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID# Smith, Matthew Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$10.00
		St. Paul, MN 55102					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	St. Paul, MN 55102 pation / Job title (See Instructions)	T	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Smith, Matthew Contributor address; City; State; Zip Code St. Paul, MN 55102				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1	,			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 431/525 Rpt: 434/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8		St. Paul, MN 55102 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Smith, Matthew Contributor address; City; State; Zip Code		Travelers Indemnity Co	-	Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID# Smith, Matthew Contributor address; City; State; Zip Code	t:			Amount of Contribution (\$)	\$10.00
	•	St. Paul, MN 55102 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024		Travelers Indemnity Co		Amount of Contribution (\$)	\$85.10
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIBUTION	O۱	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 432/525 Rpt: 435/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing agg	Hartford, CT 06183	٦٥	Employer (See Instructions	<u></u>		
8	Executive Co	pation / Job title (See Instructions) punsel	9	Travelers Indemnity Co	»)		
	Date 07/28/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$85.10
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	 s)		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor	t;		•	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024)	•	Amount of Contribution (\$)	\$85.10
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 433/525 Rpt: 436/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC))		00087159	
4	Date 08/25/2023	5 Full name of contributor [Smith, Richard6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024	1				
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		ent-Field Mgmt		Travelers Indemnity Co	,		
	Date 09/08/2023	Full name of contributor Smith, Richard Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024	1				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regi Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor [Smith, Richard Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Executive Co	ounsel		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Smith, Richard Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Executive Co	ounsel		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Smith, Richard Contributor address; City; Sta	. ,)		Amount of Contribution (\$)	\$85.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 434/525 Rpt: 437/530)
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)			00087159	
4	Date 10/06/2023	5 Full name of contributor Smith, Richard6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Executive Co	ounsel		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Smith, Richard Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regi Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Smith, Richard Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024	1				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Smith, Richard Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Co	ounsel		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Smith, Richard Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Co	ounsel		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTRIBUTION	O۱	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 435/525 Rpt: 438/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$85.10
8	Principal occu	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	•	ent-Field Mgmt		Travelers Indemnity Co	,		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024	_		L		
	-	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	6)		
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	1 Travelers macrimity Co	Г	Amount of Contribution (\$)	
	11/17/2023	Smith, Richard Contributor address; City; State; Zip Code				(,,	\$10.00
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024)	•	Amount of Contribution (\$)	\$85.10
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Smith, Richard Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Co	ounsei		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 436/525 Rpt: 439/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023		-state PAC (ID#:)	7	Amount of Contribution (\$)	\$85.10
8	Principal occur	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
0		ent-Field Mgmt	3	Travelers Indemnity Co	')		
	Date 12/15/2023	Full name of contributor out-of Smith, Richard Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occup Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	()		
	Date 12/29/2023	Full name of contributor out-of Smith, Richard Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$85.10
	Principal occur	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)		Employer (See Instructions			
		ent-Field Mgmt		Travelers Indemnity Co	')		
	Date 07/14/2023	Sokolowski, Colleen Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$34.19
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/28/2023		f-state PAC (ID#:)		Amount of Contribution (\$)	\$34.19
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
		9	<u> </u>	The state of the s			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 437/525 Rpt: 440/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC))	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/11/2023	 5 Full name of contributor Sokolowski, Colleen 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$34.19
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instruction	<u>e)</u>		
8	2VP Account	pation / Job title (See Instructions) ting	9	Employer (See Instruction: Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta				Amount of Contribution (\$)	\$34.19
	D: : 1	Hartford, CT 06183			Ĺ		
	2VP Account	pation / Job title (See Instructions) ting		Employer (See Instruction: Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$34.19
		Hartford, CT 06183					
	Principal occur 2VP Account	pation / Job title (See Instructions)		Employer (See Instruction: Travelers Indemnity Co	•		
	Date 09/22/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$34.19
	Principal occu	pation / Job title (See Instructions) ting).	Employer (See Instruction: Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$34.19
	Principal occur 2VP Account	pation / Job title (See Instructions ting		Employer (See Instruction: Travelers Indemnity Co			
	211 7 13000111	· y					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 438/525 Rpt: 441/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	<u></u>		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	 5 Full name of contributor Sokolowski, Colleen 6 Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$34.19
	Dringing aggr	Hartford, CT 06183			Employer (See Instructions	<u></u>		
8	2VP Account	pation / Job title (See Instructions ting	5)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Si)		Amount of Contribution (\$)	\$34.19
		Hartford, CT 06183				Ĺ		
	2VP Account	pation / Job title (See Instructions ting	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.08
		Hartford, CT 06183						
	Principal occur 2VP Account	pation / Job title (See Instructions ting	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$35.96
	Principal occu	pation / Job title (See Instructions ting	(3)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.96
	Principal occur	pation / Job title (See Instructions ting	(3)		Employer (See Instructions Travelers Indemnity Co	5)		
		<u> </u>			,			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 439/525 Rpt: 442/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 12/29/2023	Full name of contributor Sokolowski, Colleen Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.96
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	o	9 Employer (See Instructions	<u>s)</u>		
Ü	2VP Account		"	Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP Fixed Inc	: Portfolio Mgr		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
		: Portfolio Mgr	,	Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Spaeth, Thomas Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions Portfolio Mgr	5)	Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Si St. Paul, MN 55102	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP Fixed Inc	: Portfolio Mgr		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N:	S		SCHEDULE	: A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 440/525 Rpt: 443/530	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Spaeth, Thomas 6 Contributor address; City; Sta	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102						
8		upation / Job title (See Instructions)	· • • • • • • • • • • • • • • • • • • •		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/22/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	St. Paul, MN 55102 upation / Job title (See Instructions))		Employer (See Instructions	<u>;</u>)		
	VP Fixed Inc	c Portfolio Mgr			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102						
		upation / Job title (See Instructions) c Portfolio Mgr			Employer (See Instructions Travelers Indemnity Co	<u>;</u>)		
	Date 10/20/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta					Amount of Contribution (\$)	\$50.00
	•	upation / Job title (See Instructions) c Portfolio Mgr	1		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) Portfolio Mgr			Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 441/525 Rpt: 444/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	tion Committee (T-PAC	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor Spaeth, Thomas 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
•	Dringing Loon	St. Paul, MN 55102		O Employer (See Instruction			
8	VP Fixed Inc	upation / Job title (See Instructions) c Portfolio Mgr		9 Employer (See Instruction Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102 upation / Job title (See Instructions)	,	Employer (See Instruction			
	VP Fixed Inc	c Portfolio Mgr		Travelers Indemnity Co	<u> </u>		
	Date 12/15/2023	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	•	upation / Job title (See Instructions) c Portfolio Mgr		Employer (See Instruction Travelers Indemnity Co	•		
	Date 07/14/2023	Full name of contributor Spencer, Marie Contributor address; City; Sta Wyomissing, PA 19610				Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	upation / Job title (See Instructions) struction		Employer (See Instruction Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Spencer, Marie Contributor address; City; Sta Wyomissing, PA 19610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	upation / Job title (See Instructions) struction		Employer (See Instruction Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 442/525 Rpt: 445/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Delicalization	Wyomissing, PA 19610	- 10	Faralas a (Osas la structiona			
8	VP UW Cons	pation / Job title (See Instructions) struction	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Wyomissing, PA 19610 pation / Job title (See Instructions)	- 1	Employer (See Instructions	<u></u>		
	VP UW Cons			Travelers Indemnity Co	·)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Wyomissing, PA 19610					
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610)	•	Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 443/525 Rpt: 446/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/20/2023	5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Delevie et e e e e	Wyomissing, PA 19610		Faralassa (Osa lastrustisas	_		
8	VP UW Cons	pation / Job title (See Instructions) struction	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Wyomissing, PA 19610 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	VP UW Cons			Employer (See Instructions Travelers Indemnity Co	o)		
	Date 11/17/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Wyomissing, PA 19610					
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610				Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	011 0011						

	MONEI	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 444/525 Rpt: 447/530)
2	FILER NAME	ra Companios, Inc. Political Action Committee (T.I.	DAC	· ·	3	Filer ID (Ethics Commission 00087159	Filers)
_		rs Companies, Inc. Political Action Committee (T-I		•)	Ļ		
4	Date 07/14/2023	 5 Full name of contributor			'	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID Stanton, Tracy Contributor address; City; State; Zip Code	I			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Business Architect Lead Travelers Indemnity Co						
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date	Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	08/25/2023	Stanton, Tracy					\$10.00
		Contributor address; City; State; Zip Code]		
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID)#:)	Г	Amount of Contribution (\$)	
	09/08/2023	Stanton, Tracy				`,	\$10.00
		Contributor address; City; State; Zip Code			l		
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 445/525 Rpt: 448/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Ac		C)		00087159	
4	Date 09/22/2023	5 Full name of contributorStanton, Tracy6 Contributor address; City; Stanton	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183	<u>, </u>				
8		pation / Job title (See Instructions))	9 Employer (See Instructions			
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Stanton, Tracy Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		•	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions))	Employer (See Instructions			
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Stanton, Tracy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u> S)		
		ss Architect Lead		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Stanton, Tracy Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions))	Employer (See Instructions			
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Stanton, Tracy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	2VP Busines	ss Architect Lead		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 446/525 Rpt: 449/530	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 12/01/2023	5 Full name of contributorStanton, Tracy6 Contributor address; City; S	out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions	5)	9 Employer (See Ins			
	2VP Busines	ss Architect Lead		Travelers Indem	nity Co		
	Date 12/15/2023	Full name of contributor Stanton, Tracy Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions	5)	Employer (See Ins			
	2VP Busines	ss Architect Lead		Travelers Indem	nity Co		
	Date 07/14/2023	Full name of contributor Stepanishen, Kent Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Ins	tructions)		
	VP BI Prope		,	Travelers Indem			
	Date 07/28/2023	Full name of contributor Stepanishen, Kent Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions rty UW	5)	Employer (See Ins Travelers Indem			
	Date 08/11/2023	Full name of contributor Stepanishen, Kent Contributor address; City; Stepanishen, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Ins	tructions)		
	VP BI Prope	rty UW		Travelers Indem	nity Co		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 447/525 Rpt: 450/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
Ω	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/_		
0	VP BI Prope	,		Travelers Indemnity Co	•)		
	Date 09/08/2023	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip				Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183			_		
	Principal occup VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu VP BI Proper	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	VI BITTOPE			Travelers indefinity CO			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 448/525 Rpt: 451/530)
2	FILER NAME				3	`	Filers)
	The Traveler	rs Companies, Inc. Political A		C)	╙	00087159	
4	Date 11/03/2023	5 Full name of contributor Stepanishen, Kent6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruction:	s)		
	VP BI Prope	rty UW		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Stepanishen, Kent Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183	<u>.</u>				
		pation / Job title (See Instructions	3)	Employer (See Instruction			
	VP BI Prope	rty UW		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Stepanishen, Kent Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruction:	<u>I</u> s)		
	VP BI Prope	rty UW		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Stepanishen, Kent Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions rty UW	5)	Employer (See Instruction: Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Strietelmeier, Michael Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	pation / Job title (See Instructions	5)	Employer (See Instruction: Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 449/525 Rpt: 452/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$44.71
8	Principal occu VP RMIS	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	 s)		
	Date 08/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	Hartford, CT 06183 pation / Job title (See Instructions)	Τ	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$44.71
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	Hartford, CT 06183 pation / Job title (See Instructions)	T	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	:		•	Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	O۱	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 450/525 Rpt: 453/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$44.71
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	 - s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$44.71
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	 i)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$44.71
		Hartford, CT 06183 pation / Job title (See Instructions)	Τ	Employer (See Instructions) s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 451/525 Rpt: 454/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$44.71
8	Principal occu VP RMIS	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co) s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: StrieteImeier, Michael Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960 pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u> </u> s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:		Travelers Indemnity Co		Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions) Jat'I Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 452/525 Rpt: 455/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$38.85
_		Morristown, NJ 07960	la la	5 1 (0 1 1 1			
8	UW Officer N	pation / Job title (See Instructions) Nat'l Accts	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Suda, Gerard Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$38.85
	Deinsinal assu	Morristown, NJ 07960		Family on (Cool matrustic no	<u></u>		
	UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Suda, Gerard Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960					
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960				Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960				Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions) Jat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 453/525 Rpt: 456/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/03/2023	5 Full name of contributor out-of-state PAC (II Suda, Gerard 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$38.85
_		Morristown, NJ 07960	- 1-		_		
8	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (II Suda, Gerard Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$38.85
	Deinsinal assu	Morristown, NJ 07960			_		
	UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (II Suda, Gerard Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960					
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (II Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (II Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$38.85
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 454/525 Rpt: 457/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183	_				
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_Sullivan, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_Sullivan, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			I	<u>·</u>			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 455/525 Rpt: 458/530	1
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Sullivan, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Sullivan, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$10.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>	-			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 456/525 Rpt: 459/530	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 Full name of contributor out-of-state PAC (ID#:_Sullivan, Timothy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
0	Dringing Loon	Hartford, CT 06183	_	Employer (Coo Instructions	<u></u>		
8	Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Susmeyer, Joseph Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$8.33
		Windsor Locks, CT 06096					
	Principal occu VP Aviation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Susmeyer, Joseph Contributor address; City; State; Zip Code Windsor Locks, CT 06096)		Amount of Contribution (\$)	\$8.33
	Principal occu VP Aviation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_ Susmeyer, Joseph Contributor address; City; State; Zip Code Windsor Locks, CT 06096)		Amount of Contribution (\$)	\$8.33
	Principal occu VP Aviation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 457/525 Rpt: 460/530	ı
2	FILER NAME	's Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date	5 Full name of contributor out-of-state PAC (IE		\	7	Amount of Contribution (\$)	
•	08/25/2023	Susmeyer, Joseph	σπ	<i></i>	ľ	γαποαπε οι Continuation (φ)	\$8.33
		6 Contributor address; City; State; Zip Code					
		Windsor Locks, CT 06096					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP Aviation			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	09/08/2023	Susmeyer, Joseph					\$8.33
		Contributor address; City; State; Zip Code			1		
		Windsor Looks, CT 06006					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	VP Aviation	pation / 300 title (See instructions)		Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:_)#·		Т	Amount of Contribution (\$)	
	09/22/2023	Susmeyer, Joseph	J#)		Amount of Contribution (\$)	\$8.33
	00/11/1010	Contributor address; City; State; Zip Code			ł		40.00
		,					
		Windsor Locks, CT 06096					
	•	pation / Job title (See Instructions)		Employer (See Instructions	-		
	VP Aviation			Travelers Indemnity Co			
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/06/2023						\$8.33
		Contributor address; City; State; Zip Code					
		Windsor Locks, CT 06096					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	VP Aviation			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/20/2023	Susmeyer, Joseph					\$8.33
		Contributor address; City; State; Zip Code			1		
		M5 - 1 1 0 - 0 - 0 - 0 - 0 - 0 - 0					
	Dala die et	Windsor Locks, CT 06096		Employee (Ozzala i i ii	<u></u>		
	VP Aviation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	vi Aviation			Travelers indefining CO			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this for	rm.	1	Total pages Schedule A1: Sch: 458/525 Rpt: 461/530	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC)		00087159	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	#0.00
	11/03/2023	Susmeyer, Joseph 6 Contributor address; City; S	toto: Zin Codo				\$8.33
			·				
•	Dringinal accu	windsor Locks, CT 06096 pation / Job title (See Instructions		Employer (See Instructions	·/ 		
0	VP Aviation	pation / Job title (See instructions	5)	Travelers Indemnity Co)		
		Full constant and the state of		Travelers indefinity 66	_	A (A)	
	Date 11/17/2023	Full name of contributor Susmeyer, Joseph	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	11/11/2023		tato: 7in Codo				Ψ0.55
		Contributor address; City; S	tate, Zip Code				
		Windsor Locks, CT 06096					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	VP Aviation			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	40.00
	12/01/2023	Susmeyer, Joseph					\$8.33
		Contributor address; City; S Windsor Locks, CT 06096					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
	VP Aviation			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2023	Susmeyer, Joseph	_				\$8.33
		Contributor address; City; S Windsor Locks, CT 06096					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	:) 		
	VP Aviation	pation 7 300 title (See Instructions	5)	Travelers Indemnity Co)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	07/14/2023	Teitelman, David					\$43.08
		Contributor address; City; S	tate; Zip Code				
		Hartford, CT 06183					
		pation / Job title (See Instructions	S)	Employer (See Instructions	s)		
	Managing Co	ounsel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 459/525 Rpt: 462/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	5 Full name of contributor out-of-state Teitelman, David	e PAC (ID#:)	7	Amount of Contribution (\$)	\$43.08
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ŭ	Managing Co			Travelers Indemnity Co	,,		
	Date 08/11/2023	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$43.08
		Hartford, CT 06183					
	Principal occup Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$43.08
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Managing Co			Travelers Indemnity Co	,,		
	Date 09/08/2023	Teitelman, David				Amount of Contribution (\$)	\$43.08
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 09/22/2023	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183	e PAC (ID#:)		Amount of Contribution (\$)	\$43.08
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	wanaying CC	- Juli 1901		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 460/525 Rpt: 463/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/06/2023	5 Full name of contributor out-of-sta	te PAC (ID#:)	7	Amount of Contribution (\$)	\$43.08
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la l	Employer (See Instructions	;) 		
•	Managing Co		l ³	Travelers Indemnity Co	P)		
	Date 10/20/2023	Full name of contributor out-of-sta Teitelman, David Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$43.08
		Hartford, CT 06183					
	Principal occup Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-sta Teitelman, David Contributor address; City; State; Zip Code	e			Amount of Contribution (\$)	\$43.08
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Teitelman, David			•	Amount of Contribution (\$)	\$43.08
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor out-of-sta Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183	tte PAC (ID#:			Amount of Contribution (\$)	\$43.08
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 461/525 Rpt: 464/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	\$43.08
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Managing Co			Travelers Indemnity Co	')		
	Date 12/29/2023	Full name of contributor out-of-s Teitelman, David Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$43.08
		Hartford, CT 06183	· · · · · · · · · · · · · · · · · · ·				
	Principal occu Managing Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/14/2023	Full name of contributor out-of-s Tetreault, Michael Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) eess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Tetreault, Michael	state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-s Tetreault, Michael Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO)N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 462/525 Rpt: 465/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political A					00087159	
4	Date 08/25/2023	5 Full name of contributor Tetreault, Michael6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions)		
	VP Bus Prod	ess Effctvnss UW			Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Tetreault, Michael Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183	1					
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	VP Bus Process Effctvnss UW Travelers Indem		Travelers Indemnity Co					
	Date 09/22/2023	Full name of contributor Tetreault, Michael Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183						
	Principal occu	I pation / Job title (See Instructions	3)		Employer (See Instructions)		
	VP Bus Prod	ess Effctvnss UW			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Tetreault, Michael Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
		pation / Job title (See Instructions	3)		Employer (See Instructions)		
	VP Bus Proc	ess Effctvnss UW			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Tetreault, Michael Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$86.54
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions)		
	VP Bus Prod	ess Effctvnss UW			Travelers Indemnity Co			

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 463/525 Rpt: 466/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	5 Full name of contributor on Tetreault, Michael	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$86.54
•	Dringinal occu	Hartford, CT 06183	lo.	Employer (See Instructions	_		
0		pation / Job title (See Instructions) cess Effctvnss UW		Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor on Tetreault, Michael Contributor address; City; State; Z				Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor on Tetreault, Michael Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor on Tetreault, Michael Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/29/2023	Full name of contributor of Tetreault, Michael Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	V. Dust 100	COS ENGLINES OVV		avoicio indefinity 60			

	MONET	ARY POLITICAL CONT		SCHEDULE A			
	The Instru	ction Guide explains how to cor	nplete this form	n.	1	Total pages Schedule A1: Sch: 464/525 Rpt: 467/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/14/2023	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$208.33
_	Deinsinal assu	Hartford, CT 06183		Frankrian (Cookarational	<u></u>		
8		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor out-o Toczydlowski, Gregory Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$208.33
	Deireciant	Hartford, CT 06183	1	Farabasa (On a banta atian	$\overline{\Gamma}$		
	Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance Employer (See Instructions) Travelers Indemnity Co				5)		
	Date 08/11/2023	Full name of contributor out-o Toczydlowski, Gregory Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-o Toczydlowski, Gregory Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-o Toczydlowski, Gregory Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	orm	ı .	1	Total pages Schedule A1: Sch: 465/525 Rpt: 468/530	0	
2	FILER NAME	or Communication Inc. Delitical Ac-	tion Committee (T.DAC	O)		3	Filer ID (Ethics Commission	n Filers)	
		rs Companies, Inc. Political Ac					00087159		
4	Date 09/22/2023	 5 Full name of contributor Toczydlowski, Gregory 6 Contributor address; City; States 	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$208.33	
		Hartford, CT 06183							
8	Principal occu	pation / Job title (See Instructions)	9	9 E	Employer (See Instructions)			
	EVP & Pres	Business Insurance		-	Travelers Indemnity Co				
	Date 10/06/2023	Full name of contributor Toczydlowski, Gregory Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$208.33	
		Hartford, CT 06183							
		pation / Job title (See Instructions)			Employer (See Instructions)			
	EVP & Pres Business Insurance Travelers Indemnity Co								
	Date Full name of contributor out-of-state PAC (ID#:) 10/20/2023 Toczydlowski, Gregory Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$208.33				
		Hartford, CT 06183							
	Principal occu	nation / Job title (See Instructions)		E	Employer (See Instructions)			
		Business Insurance		-	Travelers Indemnity Co				
	Date 11/03/2023	Full name of contributor Toczydlowski, Gregory Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33	
	•	pation / Job title (See Instructions)			Employer (See Instructions)			
	EVP & Pres	Business Insurance			Travelers Indemnity Co				
	Date 11/17/2023	Full name of contributor Toczydlowski, Gregory Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33	
	Principal occu	pation / Job title (See Instructions)		E	Employer (See Instructions)			
	EVP & Pres	Business Insurance		_	Travelers Indemnity Co				

	MONEI	ARY POLITICAL C	CONTRIBUTIO)N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 466/525 Rpt: 469/530	0
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political Ac					00087159	
4	Date 12/01/2023	5 Full name of contributor Toczydlowski, Gregory6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	EVP & Pres	Business Insurance			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Toczydlowski, Gregory Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$208.33
	D: : 1	Hartford, CT 06183			5 1 (2 1 1 1			
		pation / Job title (See Instructions Business Insurance)		Employer (See Instructions)		
					Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Tomlinson, Craig Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113						
		pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Nationa	l Severity			Travelers Indemnity Co			
	Date 07/28/2023	Full name of contributor Tomlinson, Craig Contributor address; City; St Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Nationa	l Severity			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Tomlinson, Craig Contributor address; City; St Las Vegas, NV 89113	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Nationa	l Severity		_	Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 467/525 Rpt: 470/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor Tomlinson, Craig	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_		Las Vegas, NV 89113					
8	2VP Nationa	-		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Tomlinson, Craig Contributor address; City; State;)		Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Las Vegas, NV 89113		Franks or (Cook last wations			
	2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Tomlinson, Craig Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113					
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor Tomlinson, Craig Contributor address; City; State; Las Vegas, NV 89113	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/20/2023	Full name of contributor Tomlinson, Craig Contributor address; City; State; Las Vegas, NV 89113	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 468/525 Rpt: 471/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 11/03/2023	5 Full name of contributorTomlinson, Craig6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	()		
	2VP Nationa	l Severity			Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Tomlinson, Craig Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113						
		pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	2VP Nationa	I Severity			Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Tomlinson, Craig Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	()		
	2VP Nationa	l Severity			Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Tomlinson, Craig Contributor address; City; Si Las Vegas, NV 89113	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions	5)		Employer (See Instructions)		
	2VP Nationa	l Severity			Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor Torres, Wilson Contributor address; City; Si Melville, NY 11747	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	RVP Claim				Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 469/525 Rpt: 472/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$10.00
_		Melville, NY 11747			_		
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (I Torres, Wilson Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	RVP Claim	pation / Job title (See Instructions)		Travelers Indemnity Co	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (I Torres, Wilson Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (I Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 470/525 Rpt: 473/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
		Melville, NY 11747	_				
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Torres, Wilson Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	RVP Claim	pation 7 300 title (See Instructions)		Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Torres, Wilson Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747				Amount of Contribution (\$)	\$10.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 471/525 Rpt: 474/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor ou Torres, Wilson	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing age	Melville, NY 11747	lo.	Employer (Coo Instructions	<u>, </u>		
8	RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor ou Torsiello, Anthony Contributor address; City; State; Zi				Amount of Contribution (\$)	\$46.15
	Dringing! goog	Hartford, CT 06183		Employer (See Instructions	·/		
	VP Controlle	pation / Job title (See Instructions) er		Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor ou Torsiello, Anthony Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor ou Torsiello, Anthony Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/25/2023	Full name of contributor ou Torsiello, Anthony Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 472/525 Rpt: 475/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor Torsiello, Anthony	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$46.15
•	Dringinal occur	Hartford, CT 06183	l _o	Employer (See Instructions	·/_		
0	VP Controlle	pation / Job title (See Instructions) er		Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State				Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occup VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$46.15
	Principal occu	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 11/03/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Controlle						

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 473/525 Rpt: 476/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/17/2023	5 Full name of contributor Torsiello, Anthony	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.15
8		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/01/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State	out-of-state PAC (ID#:	Travelers Indemnity Co		Amount of Contribution (\$)	\$46.15
	Principal occur VP Controlle	Hartford, CT 06183 pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/15/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$46.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Controlle	er		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Torsiello, Anthony Contributor address; City; State)		Amount of Contribution (\$)	\$46.15
	Principal occur VP Controlle	Hartford, CT 06183 pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	<u>;</u>)		
	Date 07/14/2023	Full name of contributor Traeger, Nirmal Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 474/525 Rpt: 477/530)
2	FILER NAME	- Communication In a Religion A	ation Committee (T.DAC	2)	3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political A		~) 	L	00087159	
4	Date 07/28/2023	5 Full name of contributor Traeger, Nirmal6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.96
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions	s) 9	9 Employer (See Instructions	<u></u> S)		
	VP Risk Con	itrol		Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Traeger, Nirmal Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
		St. Paul, MN 55102					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP Risk Con	itrol		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Traeger, Nirmal Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.96
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
	VP Risk Con	itrol		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Traeger, Nirmal Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	pation / Job title (See Instructions atrol	s)	Employer (See Instructions Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Traeger, Nirmal Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	pation / Job title (See Instructions atrol	5)	Employer (See Instructions Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 475/525 Rpt: 478/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	Full name of contributor Traeger, Nirmal	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.96
8	Principal occu VP Risk Con	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	j (i)		
	Date 10/20/2023	Traeger, Nirmal Contributor address; City; State;)		Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	St. Paul, MN 55102 pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	<u>;</u>)		
	Date 11/03/2023	Full name of contributor Traeger, Nirmal Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	j)		
	Date 12/01/2023	Full name of contributor Traeger, Nirmal Contributor address; City; State; St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	5)		
			•				

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 476/525 Rpt: 479/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 5 Full name of contributor out-of-state PAC Traeger, Nirmal 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$25.96
8	Principal occu VP Risk Con	St. Paul, MN 55102 pation / Job title (See Instructions) htrol	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC Traeger, Nirmal Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$25.96
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Traver, William Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 08/11/2023	Full name of contributor out-of-state PAC Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.48
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 477/525 Rpt: 480/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/25/2023	Full name of contributor Traver, William Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.48
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instruction			
0		ide Product BI BCO		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor [Traver, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instruction Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor [Traver, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instruction Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Traver, William Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instruction Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor [Traver, William Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.48
		pation / Job title (See Instructions)		Employer (See Instruction			
	VPCountryw	ide Product BI BCO		Travelers Indemnity Co)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 478/525 Rpt: 481/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travelei	rs Companies, Inc. Political Actio				00087159	
4	Date 11/03/2023	5 Full name of contributor Traver, William 6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.48
8	Dringing Loggy	Hartford, CT 06183	lo.	Employer (See Instructions			
ľ		pation / Job title (See Instructions) ide Product BI BCO	9	Employer (See Instructions Travelers Indemnity Co)		
	VECOUNTRYW	ide Floddet Bi BCO		Travelers indefinity Co			
	Date 11/17/2023	Full name of contributor Traver, William Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	VPCountryw	ide Product BI BCO		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Traver, William Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	VPCountryw	ide Product BI BCO		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor Traver, William Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.48
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	VPCountryw	ide Product BI BCO		Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor Traver, William Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 479/525 Rpt: 482/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$16.54
0	Dringing agg	Centennial, CO 80112	ام	Employer (See Instructions	<u></u>		
0	UW Officer C	pation / Job title (See Instructions) Comm Accts	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (IE Treat, Sherry Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$16.54
	<u> </u>	Centennial, CO 80112	_		_		
	UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (IE Treat, Sherry Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$16.54
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (IE Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112)	•	Amount of Contribution (\$)	\$16.54
	Principal occu UW Officer C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/08/2023	Full name of contributor out-of-state PAC (IE Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112			•	Amount of Contribution (\$)	\$16.54
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 480/525 Rpt: 483/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/22/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$16.54
0	Dringing aggr	Centennial, CO 80112 pation / Job title (See Instructions)	١٥	Employer (See Instructions	<u>,,</u>		
•	UW Officer C		9	Travelers Indemnity Co	»)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID Treat, Sherry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$16.54
		Centennial, CO 80112	_				
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID Treat, Sherry Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$16.54
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112)	•	Amount of Contribution (\$)	\$16.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112			•	Amount of Contribution (\$)	\$16.54
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 481/525 Rpt: 484/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 Full name of contributor out-of-stat Treat, Sherry Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$16.54
_	Deinsinal assu	Centennial, CO 80112	lo-	Frankrian (Cook bathurtian	<u></u>		
8	UW Officer C	pation / Job title (See Instructions) Comm Accts	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/15/2023	Treat, Sherry				Amount of Contribution (\$)	\$16.54
	Deinsinal assu	Centennial, CO 80112		Frankrian (Cook bathurtian	<u></u>		
	UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Treat, Sherry)		Amount of Contribution (\$)	\$16.54
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Turcotte, Edward				Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/28/2023	Full name of contributor out-of-state Turcotte, Edward Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL (CONTRIBUTION	NS	.		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rm.		1	Total pages Schedule A1: Sch: 482/525 Rpt: 485/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC)	()		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributor Turcotte, Edward6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183	1					
8	Principal occu 2VP UW BI	pation / Job title (See Instruction:	9		mployer (See Instructions ravelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Turcotte, Edward Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$39.42
	Dringing Loggy	Hartford, CT 06183	5)		mplayer (Caa Instructions			
	2VP UW BI	pation / Job title (See Instructions	5)		mployer (See Instructions ravelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Turcotte, Edward Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183						
	Principal occu 2VP UW BI	pation / Job title (See Instructions	s)		mployer (See Instructions ravelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Turcotte, Edward Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions	5)		mployer (See Instructions ravelers Indemnity Co	()		
	Date 10/06/2023	Full name of contributor Turcotte, Edward Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions	5)		mployer (See Instructions ravelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 483/525 Rpt: 486/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/20/2023	5 Full name of contributor out Turcotte, Edward	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
_		Hartford, CT 06183	1-				
8	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor out Turcotte, Edward Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor out Turcotte, Edward Contributor address; City; State; Zig	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor out Turcotte, Edward Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Full name of contributor out Turcotte, Edward Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 484/525 Rpt: 487/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/29/2023	5 Full name of contributor out-of-state PAC (In Turcotte, Edward 6 Contributor address; City; State; Zip Code	ID#:)	7	Amount of Contribution (\$)	\$39.42
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$93.03
	•	Hartford, CT 06183 pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (I Turner, Janis Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$93.03
	Daine in all access	Hartford, CT 06183		Foundation (October to the other time)			
		pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$93.03
	•	Hartford, CT 06183 pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (In Turner, Janis Contributor address; City; State; Zip Code Hartford, CT 06183	I (ID#:)		Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 485/525 Rpt: 488/530)
2	FILER NAME	O	. O		3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Actio			L	00087159	
4	Date 09/08/2023	5 Full name of contributorTurner, Janis6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP Marketing	g & Web Ops-PI		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Turner, Janis Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Marketin	g & Web Ops-PI		Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Turner, Janis Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
		g & Web Ops-PI		Travelers Indemnity Co	•		
	Date 10/20/2023	Full name of contributor Turner, Janis Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Marketing	g & Web Ops-PI		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Turner, Janis Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Marketing	g & Web Ops-PI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 486/525 Rpt: 489/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$93.03
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
Ü	•	g & Web Ops-PI		Travelers Indemnity Co	"		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID Turner, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID Turner, Janis Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
		pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID Turner, Janis Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 487/525 Rpt: 490/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$24.00
_		Hartford, CT 06183	1_	5 1 (0 1 1 1	<u></u>		
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_Ungaro, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.00
		Hartford, CT 06183	_		<u> </u>		
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Ungaro, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 488/525 Rpt: 491/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$24.00
_		Hartford, CT 06183	-		Ĺ		
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID# Ungaro, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$24.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID# Ungaro, Michael Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$24.00
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID# Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID# Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
			<u> </u>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 489/525 Rpt: 492/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor Ungaro, Michael	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.00
_		Hartford, CT 06183	T-				
8	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/29/2023	Full name of contributor Ungaro, Michael Contributor address; City; State)		Amount of Contribution (\$)	\$24.00
		Hartford, CT 06183	1				
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Vendetta, Craig Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06120					
	Principal occu National Acc	pation / Job title (See Instructions) counts VP		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Vendetta, Craig Contributor address; City; State Hartford, CT 06120				Amount of Contribution (\$)	\$10.00
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Vendetta, Craig Contributor address; City; State Hartford, CT 06120)		Amount of Contribution (\$)	\$10.00
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 490/525 Rpt: 493/53	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	C)		00087159	
4	Date 08/25/2023	 5 Full name of contributor Vendetta, Craig 6 Contributor address; City; S 	out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	\$10.00
_		Hartford, CT 06120	, 1				
8		pation / Job title (See Instructions	5)	9 Employer (See Ins			
	National Acc	counts VP		Travelers Indemi	nity Co		
	Date 09/08/2023	Full name of contributor Vendetta, Craig Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$10.00
		Hartford, CT 06120					
		pation / Job title (See Instructions	s)	Employer (See Ins			
	National Acc	counts VP		Travelers Indemi	nity Co		
	Date 09/22/2023	Full name of contributor Vendetta, Craig Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06120					
	Principal occu	pation / Job title (See Instructions	9)	Employer (See Ins	tructions)		
	National Acc			Travelers Indemi	•		
					\ T	Amount of Contribution (f)	
	Date 10/06/2023	Full name of contributor Vendetta, Craig Contributor address; City; S Hartford, CT 06120	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Ins	tructions)		
	National Acc	counts VP		Travelers Indem	nity Co		
	Date 10/20/2023	Full name of contributor Vendetta, Craig Contributor address; City; S Hartford, CT 06120	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Ins	tructions)		
	National Acc			Travelers Indem			
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 491/525 Rpt: 494/530	0
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		00087159	
4	Date 11/03/2023	5 Full name of contributorVendetta, Craig6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
•	Principal occu	Hartford, CT 06120 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 Employer (See Instructions			
0	National Acc		,	Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Vendetta, Craig Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06120			<u>L</u>		
		pation / Job title (See Instructions)	Employer (See Instructions			
	National Acc	COUNTS VP		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Vendetta, Craig Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Hartford, CT 06120					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	National Acc			Travelers Indemnity Co	•		
	Date 12/15/2023	Full name of contributor Vendetta, Craig Contributor address; City; St Hartford, CT 06120	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu National Acc	pation / Job title (See Instructions counts VP)	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor Verfurth, Charles Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$105.29
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	SVP Preside	ent Natl Property		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 492/525 Rpt: 495/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/28/2023	5 Full name of contributor Verfurth, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.29
_	Deinainal assu	Hartford, CT 06183	la la	Frankriger (Cookington)			
8		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Full name of contributor Verfurth, Charles Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	Deinainal assu	Hartford, CT 06183		Frankrick (Cook lands with an			
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Full name of contributor Verfurth, Charles Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183					
		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/08/2023	Full name of contributor Verfurth, Charles Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor Verfurth, Charles Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	·	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
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	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS			SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 493/525 Rpt: 496/530	0
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)			00087159	
4	Date 10/06/2023	5 Full name of contributor Verfurth, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.29
		6 Contributor address; City; St Hartford, CT 06183	ate; Zip Code					
8	Principal occu	pation / Job title (See Instructions)	9 E	mployer (See Instructions)		
	SVP Preside	ent Natl Property		Т	ravelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Verfurth, Charles Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)	Е	mployer (See Instructions)		
	SVP President Natl Property Travelers Indemnity C							
	Date Full name of contributor out-of-state PAC (ID#:) 11/03/2023 Verfurth, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$105.29			
		Hartford, CT 06183						
		pation / Job title (See Instructions)		mployer (See Instructions)		
	SVP Preside	ent Natl Property		I	ravelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Verfurth, Charles Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions ent Natl Property)		mployer (See Instructions ravelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor Verfurth, Charles Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	Principal occu	pation / Job title (See Instructions)	Е	mployer (See Instructions)		
	SVP Preside	ent Natl Property		T	ravelers Indemnity Co			

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 494/525 Rpt: 497/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/15/2023	5 Full name of contributor out Verfurth, Charles	r-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$105.29
_	Deinsinal sass	Hartford, CT 06183	lo la	Franks von (Cook kantuurtings			
8		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor out Verfurth, Charles Contributor address; City; State; Zip	o-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	Deinainal assu	Hartford, CT 06183		Franksian (Cookarational	_		
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out Warne, Bradley Contributor address; City; State; Zip	:-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/28/2023	Full name of contributor out Warne, Bradley Contributor address; City; State; Zip Hartford, CT 06183	o Code			Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out Warne, Bradley Contributor address; City; State; Zip Hartford, CT 06183	c-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	;)		
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	MONET	ARY POLITICAL C	CONTRIBUTION		5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 495/525 Rpt: 498/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC))		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023	5 Full name of contributor Warne, Bradley6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183						
8	Principal occu 2VP Operation	pation / Job title (See Instructions ons	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor Warne, Bradley Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u> s)		
	2VP Operation		,		Travelers Indemnity Co	,		
	Date 09/22/2023	Full name of contributor Warne, Bradley Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183						
	Principal occu 2VP Operation	pation / Job title (See Instructions ons)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Warne, Bradley Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions ons			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Warne, Bradley Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions ons			Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 496/525 Rpt: 499/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	5 Full name of contributor out-of-sta Warne, Bradley	te PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
•	2VP Operation			Travelers Indemnity Co	·)		
	Date 11/17/2023	Warne, Bradley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	2VP Operation			Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-sta Warne, Bradley Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Warne, Bradley				Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-sta Warner, Jaynine Contributor address; City; State; Zip Code Wilmington, DE 19803	te PAC (ID#:			Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 497/525 Rpt: 500/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/28/2023	Full name of contributor Warner, Jaynine	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$19.23
_	Detectional	Wilmington, DE 19803	la la	Farabasa (Osabasa tanati	Ĺ		
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 08/11/2023	Full name of contributor Warner, Jaynine Contributor address; City; State;				Amount of Contribution (\$)	\$19.23
	Principal occu	Wilmington, DE 19803 pation / Job title (See Instructions)		Employer (See Instructions			
		ment Relations		Travelers Indemnity Co	')		
	Date 08/25/2023	Full name of contributor Warner, Jaynine Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.23
		Wilmington, DE 19803					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/08/2023	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803				Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/22/2023	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co)		
	2375111						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 498/525 Rpt: 501/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	Full name of contributor Warner, Jaynine	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$19.23
_	Deire sin al acces	Wilmington, DE 19803	la la	Farabasa (Osabasa tanati			
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor Warner, Jaynine Contributor address; City; State;				Amount of Contribution (\$)	\$19.23
		Wilmington, DE 19803		5 1 (0 1 1 1	_		
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor Warner, Jaynine Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$19.23
		Wilmington, DE 19803					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/17/2023	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803				Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/01/2023	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 499/525 Rpt: 502/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/15/2023	5 Full name of contributor Warner, Jaynine	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$19.23
_	Deire sin al access	Wilmington, DE 19803	To.	Faralassa (Caralassa tarabian	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ment Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/29/2023	Full name of contributor Warner, Jaynine Contributor address; City; State;				Amount of Contribution (\$)	\$19.23
	Dringinal accu	Wilmington, DE 19803 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
		ment Relations		Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Welch, Lawrence Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$53.46
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions) rm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor Welch, Lawrence Contributor address; City; State; Hartford, CT 06183				Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/11/2023	Full name of contributor Welch, Lawrence Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 500/525 Rpt: 503/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/25/2023		out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$53.46
_	Dringing! aggs	Hartford, CT 06183	10	Employer (Coo Instructions	<u></u>		
8	VP UW Com	pation / Job title (See Instructions) m Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.46
	Deinainal assu	Hartford, CT 06183		Franksian (Cookarationa	<u></u>		
	VP UW Com	pation / Job title (See Instructions) rm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor Welch, Lawrence Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.46
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions) rm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor Welch, Lawrence Contributor address; City; State; Hartford, CT 06183)		Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/20/2023	Welch, Lawrence	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$53.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 501/525 Rpt: 504/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	· — —	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$53.46
_	Delicalization	Hartford, CT 06183	- Ia	Faralassa (Ossalassas dise			
8	VP UW Com	pation / Job title (See Instructions) Im Accts		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$53.46
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	VP UW Com			Travelers Indemnity Co)		
	Date 12/01/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.46
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions) Im Accts		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/15/2023	Welch, Lawrence				Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/29/2023	Welch, Lawrence	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	VI OVV COIII			Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU		■ A1			
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 502/525 Rpt: 505/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$46.15
	Dringing agg	Hartford, CT 06183	اما	Employer (See Instructions	<u>''</u>		
•	Executive Co	pation / Job title (See Instructions) punsel	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/28/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$41.54
	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Executive Co			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$36.92
	Principal occu Executive Co	pation / Job title (See Instructions) Dunsel		Employer (See Instructions Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$36.92
	Principal occu Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBI	SCHEDULE A				
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 503/525 Rpt: 506/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/22/2023	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$36.92
0	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
0	Executive Co	pation / Job title (See Instructions) punsel	9	Travelers Indemnity Co	»)		
	Date 10/06/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$36.92
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	-)		
	Executive Co			Travelers Indemnity Co	·)		
	Date 10/20/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183					
	Principal occur Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/03/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$36.92
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	<u>1 </u>		
	Date 11/17/2023	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$36.92
	Principal occur Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1		
	The Instru	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 504/525 Rpt: 507/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/01/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$36.92
•	Dringinal occu	Hartford, CT 06183	l _a	Employer (See Instructions	·/-		
0	Executive Co	pation / Job title (See Instructions) ounsel	9	Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ West, Marilyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$36.92
	Dringing agg	Hartford, CT 06183	_	Employer (See Instructions	<u></u>		
	Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ West, Marilyn Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102			•	Amount of Contribution (\$)	\$45.58
		pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$45.58
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 505/525 Rpt: 508/530	1
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PAC	C)			00087159	
4	Date 08/11/2023	 Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
8		`	9	Employer (See Instructions	()		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Westermeyer, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Westermeyer, Christopher				Amount of Contribution (\$)	\$45.58
		Contributor address; City; State; Zip Code St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		& Analytics II		Travelers Indemnity Co			
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	MONEI	ARY POLITICAL CONTRIBUT		E A1			
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 506/525 Rpt: 509/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-	-PAC)		L	00087159	
4	Date 10/20/2023	 Full name of contributor out-of-state PAC (II Westermeyer, Christopher Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor out-of-state PAC (II Westermeyer, Christopher Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	6)		
	VP Actuariai	& Analytics II		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor out-of-state PAC (II Westermeyer, Christopher Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-state PAC (II Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102	D#:)		Amount of Contribution (\$)	\$45.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 12/15/2023	Full name of contributor out-of-state PAC (II Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102	D#:)	•	Amount of Contribution (\$)	\$45.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 507/525 Rpt: 510/53	0
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/29/2023	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.58
_	Dringing! aggs	St. Paul, MN 55102	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor out- Westrick, Glenn Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$130.77
	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
		ment Relations		Travelers Indemnity Co	,		
	Date 07/28/2023	Full name of contributor out- Westrick, Glenn Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/11/2023	Westrick, Glenn				Amount of Contribution (\$)	\$130.77
	'	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/25/2023	Westrick, Glenn	of-state PAC (ID#:			Amount of Contribution (\$)	\$130.77
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co)		
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	MONEI	ARY POLITICAL (SCHEDUL	E A1			
	The Instru	ction Guide explains how	to complete this fo	orm		1	Total pages Schedule A1: Sch: 508/525 Rpt: 511/530	0
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	.C)			00087159	
4	Date 09/08/2023	Full name of contributorWestrick, GlennContributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$130.77
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	.	a =	Employer (See Instructions			
0		ment Relations)		ravelers Indemnity Co)		
	3VF GUVEIII	THEFIT REIGHOUS		ı	Tavelers indefinity Co			
	Date 09/22/2023	Full name of contributor Westrick, Glenn Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)	Е	Employer (See Instructions)		
	SVP Government Relations			T	ravelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Westrick, Glenn Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183						
	Princinal occu	pation / Job title (See Instructions)	F)		
		ment Relations	,		ravelers Indemnity Co	,		
					. I		A (O ' L . ' (b)	
	Date 10/20/2023	Full name of contributor Westrick, Glenn Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$130.77
	Principal occu	pation / Job title (See Instructions)	Е	Employer (See Instructions)		
	SVP Govern	ment Relations		Т	ravelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Westrick, Glenn Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$130.77
	Principal occu	pation / Job title (See Instructions)	F)		
		ment Relations	,		ravelers Indemnity Co	,		

The Instruction Guide explains how to complete this form. 1 Total pages Schedul Sch: 509/525 Rpt: 2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC) 3 Filer ID (Ethics Core 00087159) 4 Date 11/17/2023 5 Full name of contributor	SCHEDULE A1		
The Travelers Companies, Inc. Political Action Committee (T-PAC) 4 Date 11/17/2023 5 Full name of contributor			
Date 1/17/2023 S Full name of contributor out-of-state PAC (ID#:	mission Filers)		
11/17/2023 Westrick, Glenn 6 Contributor address; City; State; Zip Code Hartford, CT 06183 8 Principal occupation / Job title (See Instructions) SVP Government Relations Date 12/01/2023 Full name of contributor out-of-state PAC (ID#:			
8 Principal occupation / Job title (See Instructions) SVP Government Relations Pate 12/01/2023 Full name of contributor	n (\$) \$130.77		
Date Full name of contributor out-of-state PAC (ID#:			
Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution 12/01/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Employer (See Instructions) Travelers Indemnity Co Amount of Contribution Out-of-state PAC (ID#: Amount of Contribution Out-of-state PAC (ID#: Amount of Contribution Out-of-state PAC (ID#: Out-of-sta			
12/01/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Travelers Indemnity Co Date 12/15/2023 Full name of contributor out-of-state PAC (ID#: Out-of-state PAC (
Principal occupation / Job title (See Instructions) SVP Government Relations Travelers Indemnity Co Date 12/15/2023 Full name of contributor out-of-state PAC (ID#:	n (\$) \$130.77		
SVP Government Relations Travelers Indemnity Co Date 12/15/2023 Full name of contributor out-of-state PAC (ID#:			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution 12/15/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Employer (See Instructions) SVP Government Relations Travelers Indemnity Co Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 12/29/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Employer (See Instructions) Employer (See Instructions) SVP Government Relations Travelers Indemnity Co Travelers Indemnity C			
12/15/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Travelers Indemnity Co Date 12/29/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Employer (See Instructions) Travelers Indemnity Co Employer (See Instructions) Travelers Indemnity Co			
Principal occupation / Job title (See Instructions) SVP Government Relations Travelers Indemnity Co Date 12/29/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Travelers Indemnity Co	n (\$) \$130.77		
SVP Government Relations Travelers Indemnity Co Date 12/29/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Travelers Indemnity Co Employer (See Instructions) Travelers Indemnity Co			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution 12/29/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Government Relations Travelers Indemnity Co			
12/29/2023 Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Government Relations Employer (See Instructions) Travelers Indemnity Co			
SVP Government Relations Travelers Indemnity Co	n (\$) \$130.77		
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution			
07/14/2023 Wilczak, Jason Contributor address; City; State; Zip Code	n (\$) \$19.90		
Hartford, CT 06183			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Travelers Indomnity Co.			
Lead Software Engineer - Mgr Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	SCHEDULE A					
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 510/525 Rpt: 513/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
		rs Companies, Inc. Political Ac					00087159	
4	Date 07/28/2023	5 Full name of contributorWilczak, Jason6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr			Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor Wilczak, Jason Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183						
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr			Travelers Indemnity Co			
	Date 08/25/2023	Full name of contributor Wilczak, Jason Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr			Travelers Indemnity Co			
	Date 09/08/2023	Full name of contributor Wilczak, Jason Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$19.90
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr			Travelers Indemnity Co			
	Date 09/22/2023	Full name of contributor Wilczak, Jason Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.90
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr			Travelers Indemnity Co			

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this for	n.	1	Total pages Schedule A1: Sch: 511/525 Rpt: 514/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action	on Committee (T-PAC)			00087159	
4	Date 10/06/2023	5 Full name of contributorWilczak, Jason6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Lead Softwa	re Engineer - Mgr		Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Wilczak, Jason Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Lead Softwa	re Engineer - Mgr		Travelers Indemnity Co			
	Date 11/03/2023	Full name of contributor Wilczak, Jason Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Lead Softwa	re Engineer - Mgr		Travelers Indemnity Co			
	Date 11/17/2023	Full name of contributor Wilczak, Jason Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$19.90
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lead Softwa	re Engineer - Mgr		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor Wilczak, Jason Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$19.90
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		re Engineer - Mgr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB		■ A1			
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 512/525 Rpt: 515/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/15/2023	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$19.90
_	Dringing! aggs	Hartford, CT 06183	ا ا	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) re Engineer - Mgr	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/29/2023	Full name of contributor out-of-state PA Wilczak, Jason Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183			Ĺ		
		pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co			
	Date 07/14/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co			
	Date 08/11/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code Melville, NY 11747	AC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions			
	ZVF IVIAIIAGII	ng Dii Cominii Accts		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	A1		
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 513/525 Rpt: 516/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/25/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$10.00
Ω	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
0		ng Dir Comml Accts	ا	Travelers Indemnity Co	·)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (Wilson, Matthew)		Amount of Contribution (\$)	\$10.00
		Melville, NY 11747			Ĺ		
	•	pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (Wilson, Matthew Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (Wilson, Matthew Contributor address; City; State; Zip Code Melville, NY 11747				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Wilson, Matthew Contributor address; City; State; Zip Code Melville, NY 11747	(ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Managii	ng Dir Comml Accts		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 514/525 Rpt: 517/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/03/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
•	Dringinal accu	Melville, NY 11747 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0		ng Dir Comml Accts	ا	Travelers Indemnity Co	·)		
	Date 11/17/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/01/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$10.00
		Melville, NY 11747					
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PA Wilson, Matthew Contributor address; City; State; Zip Code Melville, NY 11747			•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) ng Dir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor out-of-state PA Woods, Mary Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	SVP & CILIET	OW Officer by	L	TOT GIODAL SERVICES INC			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 515/525 Rpt: 518/530)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Acti	on Committee (T-PAC))		00087159	
4	Date 07/28/2023	Full name of contributor Woods, Mary Contributor address; City; Start	out-of-state PAC (ID#: ie; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 08/11/2023	Full name of contributor Woods, Mary Contributor address; City; Star	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	D: : 1	Hartford, CT 06183		5 1 (2 1 1 1	_		
		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc	5)		
			_	TCI Giobai Services inc			
	Date 08/25/2023	Full name of contributor [Woods, Mary Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc	i)		
				TOT CIODAI SCIVICCS IIIC			
	Date 09/08/2023	Full name of contributor [Woods, Mary Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 09/22/2023	Full name of contributor Woods, Mary Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 516/525 Rpt: 519/530)
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state F Woods, Mary Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$75.00
0	Dringing con	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) UW Officer BI	9	Employer (See Instructions TCI Global Services Inc			
	Date 10/20/2023	Full name of contributor out-of-state F Woods, Mary Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183			_		
	·	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 11/03/2023	Full name of contributor out-of-state F Woods, Mary Contributor address; City; State; Zip Code	-)	•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc	•		
	Date 11/17/2023	Full name of contributor out-of-state F Woods, Mary Contributor address; City; State; Zip Code Hartford, CT 06183	-		•	Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 12/01/2023	Full name of contributor out-of-state F Woods, Mary Contributor address; City; State; Zip Code Hartford, CT 06183	-)		Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	21. & 0.1101		L_				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 517/525 Rpt: 520/53	30
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 12/15/2023	5 Full name of contributor Woods, Mary6 Contributor address; City; State	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$75.00
_		Hartford, CT 06183					
8		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc)		
	Date 12/29/2023	Full name of contributor Woods, Mary Contributor address; City; State				Amount of Contribution (\$)	\$75.00
	Dringing! goog	Hartford, CT 06183		Employer (See Instructions			
		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc)		
	Date 07/20/2023	Full name of contributor Woodward, Joan Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Washington, DC 20005					
		pation / Job title (See Instructions) rlcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/14/2023	Full name of contributor Wright, Charles Contributor address; City; State St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Business Centers		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/28/2023	Full name of contributor Wright, Charles Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Business Centers		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 518/525 Rpt: 521/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/11/2023	5 Full name of contributorWright, Charles6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
	Dringing con	St. Paul, MN 55102	lo.	Employer (Coo Instructions	_		
8		pation / Job title (See Instructions) Business Centers		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/14/2023	Full name of contributor Wucherpfennig, James Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	Travelers indefinity Co		Amount of Contribution (\$)	
	07/28/2023	Wucherpfennig, James Contributor address; City; State				, another Goransadon (\$\psi\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor Wucherpfennig, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; ;; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor Wucherpfennig, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Property			Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 519/525 Rpt: 522/530)
2	FILER NAME The Traveler	s Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/08/2023	5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringing coou	Hartford, CT 06183	lo.	Employer (See Instructions	_		
0	VP Property	pation / Job title (See Instructions)		Travelers Indemnity Co)		
	Date 09/22/2023	Full name of contributor of Wucherpfennig, James Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occup VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	Date	Full name of contributor 0	ut-of-state PAC (ID#:	Travelers indentifity Co		Amount of Contribution (\$)	
	10/06/2023	Wucherpfennig, James Contributor address; City; State; Z				• • • • • • • • • • • • • • • • • • • •	\$50.00
		Hartford, CT 06183					
	Principal occup VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/20/2023	Full name of contributor of Wucherpfennig, James Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/03/2023	Full name of contributor of Wucherpfennig, James Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Property			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 520/525 Rpt: 523/536	0
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/17/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	VP Property	pation / Job title (See Instructions)	9	Travelers Indemnity Co	•)		
	Date 12/01/2023	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183		= 1 (0 1 1 1	<u></u>		
	VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/15/2023	Full name of contributor out-of-state P. Wucherpfennig, James Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/14/2023	Full name of contributor out-of-state Partin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	-)		Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor out-of-state Partin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) of Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 521/525 Rpt: 524/530	0
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/11/2023	 Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$211.54
_	Deignaland	New York City, NY 10017	٦	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_Yin, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$211.54
	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		ef Investment Offcr		Travelers Indemnity Co	"		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$211.54
		New York City, NY 10017	_		_		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	EVP CU-CNR	EI IIIVESUIIEIU OIICI	<u> </u>	Travelers indefiffilly Co			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	orı	m.	1	Total pages Schedule A1: Sch: 522/525 Rpt: 525/530	0
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/20/2023	 5 Full name of contributor out-of-state PAC (ID#: Yin, Daniel 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$211.54
_	Dringing Lagran	New York City, NY 10017	٦	Frankrian (Cook lastinisticas	<u></u>		
8		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$211.54
		New York City, NY 10017	_		Ĺ		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$57.65
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP CO-Chie	ef Investment Offcr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 523/525 Rpt: 526/530)
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/14/2023	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
_	Duinning Langu	Hartford, CT 06183	10	Frankrija (Can Instructions			
8		pation / Job title (See Instructions) t Management PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/28/2023	Full name of contributor	,			Amount of Contribution (\$)	\$38.46
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/11/2023	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/25/2023	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/08/2023	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$38.46
	·	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	211 1.0000						

	MONEI	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 524/525 Rpt: 527/530)
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)			00087159	
4	Date 09/22/2023	5 Full name of contributorZielinski, William6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	SVP Product	t Management PI			Travelers Indemnity Co			
	Date 10/06/2023	Full name of contributor Zielinski, William Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Product	t Management PI			Travelers Indemnity Co			
	Date 10/20/2023	Full name of contributor Zielinski, William Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		t Management PI	,		Travelers Indemnity Co	,		
	Date 11/03/2023	Full name of contributor Zielinski, William Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions t Management PI)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/17/2023	Full name of contributor Zielinski, William Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Product	t Management PI			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 525/525 Rpt: 528/530)
2	FILER NAME	rs Companies, Inc. Political Action Committee (T-PA	0)	3	•	ı Filers)
4	Date 12/01/2023	Zielinski, William 6 Contributor address; City; State; Zip Code			O0087159 Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183				
8		ıpation / Job title (See Instructions) t Management PI	9 Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Zielinski, William Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183				
		ipation / Job title (See Instructions) it Management PI	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_Zielinski, William Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183 upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	SVP Produc	t Management PI	Travelers Indemnity Co	_		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 529/530 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 5 Corporation / Labor Organization name 6 Amount (\$) Date 12/31/2023 500.00 The Travelers Companies, Inc.

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 530/530
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 disbursements during the reporting period total \$124,000.00.	Advisory Opinion #208. Non-Texas and Federal