GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	ne GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00087159	2 Total pages filed: 79
3	COMMITTEE NAME			OFFICE USE ONLY
	The Travelers Con	npanies, Inc. Political Action Committee (T	-PAC)	Date Received ELECTRONICALLY FILED 02/26/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	1
	ADDRESS	One Tower Square		Date Hand-delivered or Date Postmarked
	Change of Address			
		Hartford, CT 06183		Receipt # Amount
				Date Processed
L				Date Imaged
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST		MI
	NAME	Ms. Lindsay		
		NICKNAME LAST		SUFFIX
		Frank		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET ADDRESS	One Tower Square		
	(Residence or Business)	Hartford, CT 06183		
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER MAILING ADDRESS	One Tower Square		
	Change of Address	Hartford, CT 06183		
8	CAMPAIGN TREASURER		EXTENSION	
	PHONE	(860) 277-9543		
9	REPORT TYPE	January 15 30	Dth day before election	Dissolution (Attach PAC-DR)
	··· -	X 8t	h day before election	10th day after campaign treasurer
		July 15	unoff	d termination
10	PERIOD COVERED	Month Day Year 01/26/2024 TI	Month Day HROUGH 02/24/2024	Year 4
11	. ELECTION	ELECTION DATE		_
		03/05/2024	Primary Runoff General Special	Other
┡				
L			TO PAGE 2	
Fo	rms provided by Tex	xas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.9000c47f

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Travelers Compani	es, Inc. Political Action	Committee (T-PAC)	00087159)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	5,283.02
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	36,269.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	200,165.19
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Lind	say Frank	
		Signature of Ca	mpaign Treasi	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

FORM GPAC COVER SHEET PG 3

3 of 79

17 COMMIT The Tra	(Ethics Commission Filers)		
19 SCHEDU NAME C	SUBTOTAL AMOUNT		
1. X	\$ 36,269.55		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - GPAC

Tł	he Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/75 Rpt: 4/79	
2 FIL	LER NAME			3	Filer ID (Ethics Commission	n Filers)
Th	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4 Da	ate	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
01	L/26/2024	Abrahms, Nathaniel				\$83.65
		6 Contributor address; City; State; Zip Code		ł		
		Hartford, CT 06183				
8 Pri	incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	P BI Opera		Travelers Indemnity Co			
Da		Full name of contributor out-of-state PAC (II		Т	Amount of Contribution (\$)	
	2/09/2024	Abrahms, Nathaniel	J#)			\$83.65
	10312024					Ψ05.05
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
Pri	incinal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ا</u>		
	P BI Opera		Travelers Indemnity Co			
				—		
Da	ate 2/23/2024		D#:)		Amount of Contribution (\$)	ቀባጋ ሮደ
	2/23/2024					\$83.65
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	P BI Opera		Travelers Indemnity Co			
Da	•	Full name of contributor out-of-state PAC (II		Т	Amount of Contribution (\$)	
	L/26/2024	Alanis, Jessica	J#)			\$36.54
	1/20/2024					Ψ 00. 04
		Contributor address; City; State; Zip Code				
		Columbus, WI 53925				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)		
	•	ment Relations	Travelers Indemnity Co			
<u> </u>				Т	Amount of Contribution (\$)	
Da 02	2/09/2024	Full name of contributor Dut-of-state PAC (II Alanis, Jessica	D#)			\$36.54
	10312024					Ψ 00. 04
		Contributor address; City; State; Zip Code				
		Columbus, WI 53925				
Dri	incinal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ا</u> د)		
		ment Relations	Travelers Indemnity Co			
⊢						

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 2/75 Rpt: 5/79 2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC) 3 Filer ID (Ethics Commission 00087159	
The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159	ı Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	
02/23/2024 Alanis, Jessica	\$36.54
6 Contributor address; City; State; Zip Code	
Columbus, WI 53925	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
AVP Government Relations Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
01/26/2024 Armentano, Vincent	\$138.46
Contributor address; City; State; Zip Code	Ψ100.10
Contributor address, City, State, Zip Code	
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
SVP Claim Business Ins Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 Armentano, Vincent Amount of Contribution (\$)	\$138.46
	Φ 1 30.40
Contributor address; City; State; Zip Code	
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
SVP Claim Business Ins Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/23/2024 Armentano, Vincent Amount of Contribution (\$)	\$138.46
	⊅1 30.40
Contributor address; City; State; Zip Code	
Hartford, CT 06183	
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co	
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	¢25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Atkinson, Jerald Amount of Contribution (\$)	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Atkinson, Jerald Employer (See Instructions) Travelers Indemnity Co	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Atkinson, Jerald Amount of Contribution (\$)	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Atkinson, Jerald Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Atkinson, Jerald Contributor address; City; State; Zip Code Image: Contributor address in the contrest in the contributor address in the contrest in the	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Atkinson, Jerald Contributor address; City; State; Zip Code Amount of Contribution (\$) Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$35.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Claim Business Ins Travelers Indemnity Co Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Atkinson, Jerald Contributor address; City; State; Zip Code Image: Contributor address in the contrest in the contributor address in the contrest in the	\$35.00

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/75 Rpt: 6/79		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Atkinson, Jerald				\$35.00
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183	-			
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	2VP UW Nat	.'l Property	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Atkinson, Jerald				\$35.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP UW Nat	.'I Property	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Atkinson, Lynda				\$67.79
		Contributor address; City; State; Zip Code				
		Phoenix, AZ 85050				
		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#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Atkinson, Lynda				\$67.79
		Contributor address; City; State; Zip Code				
		Phoenix, AZ 85050		Ļ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Energy & Marine	Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Atkinson, Lynda				\$67.79
		Contributor address; City; State; Zip Code				
		Phoenix, AZ 85050	· · · · · · · · · · · · · · · · · · ·			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP Consi E	Energy & Marine	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/75 Rpt: 7/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	01/26/2024	Baghdassarian, Holly			· · · · · · · · · · · · · · · · · · ·	\$36.54
	•	6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	2VP Financia	· · ·	Travelers Indemnity Co	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	02/09/2024	Baghdassarian, Holly	/		Allount of Contribution (+)	\$36.54
	02/00/202	Contributor address; City; State; Zip Code				Ψ00.0
		Continuator address, City, State, Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	2VP Financia	· · ·	Travelers Indemnity Co	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Baghdassarian, Holly	/			\$36.54
	02,20.222					+ v
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Financia	al Analysis	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Balady, Michele				\$75.00
		Contributor address; City; State; Zip Code		1		
		F				
		Las Vegas, NV 89113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Gov't Re	ations	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Balady, Michele				\$75.00
		Contributor address; City; State; Zip Code				
		Las Vegas, NV 89113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Gov't Re	ations	Travelers Indemnity Co			
1						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/75 Rpt: 8/79		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/23/2024	Balady, Michele				\$75.00
		6 Contributor address; City; State; Zip Code				
		Las Vegas, NV 89113				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Gov't Re	lations	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Beaudoin, Robert				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Regulat	ory Affairs	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Beaudoin, Robert				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Regulat	ory Affairs	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Beaudoin, Robert				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Regulat	ory Affairs	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Belden, Scott				\$167.69
		Contributor address; City; State; Zip Code				
		Westerly, RI 02891				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Reinsu	rance	Travelers Indemnity Co			
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1						

SCHEDULE	A1
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	The Instru	iction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/75 Rpt: 9/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	-	7		
~	02/09/2024		/	ľ		\$167.69
	U2/U3/2027		!			Φ101.00
		6 Contributor address; City; State; Zip Code	1			
			1			
			1			
		Westerly, RI 02891		L		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	SVP Reinsu	irance	Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	·,	Γ	Amount of Contribution (\$)	
	02/23/2024		, I		Amount of Contingenerity ()	\$167.69
	U21231202-7		!			Φ101.00
		Contributor address; City; State; Zip Code	1			
			1			
			1			
		Westerly, RI 02891	·!			
	-	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	SVP Reinsu	.rance	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/26/2024					\$38.46
	-	Contributor address; City; State; Zip Code		ł		
		CUITINUTION autoress, City, State, Eip Sous	1			
			1			
		Buffalo, NY 14202	1			
⊢	Dringing occ		Employer (See Instructions			
		upation / Job title (See Instructions)		5)		
L	2VP Claim N	/igmt	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/09/2024	Bencini, Michael	1			\$38.46
		Contributor address; City; State; Zip Code		1		
			1			
			1			
		Buffalo, NY 14202	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	2VP Claim N		Travelers Indemnity Co	,		
⊨				—	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	* 00.46
	02/23/2024	· · · · · · · · · · · · · · · · · · ·	!			\$38.46
		Contributor address; City; State; Zip Code	1			
			1			
			1			
		Buffalo, NY 14202				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Claim N	vlgmt	Travelers Indemnity Co			
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 7/75 Rpt: 10/79		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/26/2024	Bessette, Andy				\$269.23
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ		ief Admin Officer	Travelers Indemnity Co	,		
╞				_	Amount of Constribution (ft)	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢000.00
	02/09/2024	Bessette, Andy				\$269.23
		Contributor address; City; State; Zip Code				
		Hartford CT 06102				
	<u> </u>	Hartford, CT 06183		Ĺ		
		pation / Job title (See Instructions) ief Admin Officer	Employer (See Instructions	5)		
	EVP and Ch		Travelers Indemnity Co			
	Date	—)		Amount of Contribution (\$)	
	02/23/2024	Bessette, Andy				\$269.23
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP and Ch	ief Admin Officer	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Brown, Urana				\$140.38
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP & Chief	Information Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Brown, Urana				\$140.38
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1		Information Ofcr	Travelers Indemnity Co			
⊢						
1						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 8/75 Rpt: 11/79		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Brown, Urana				\$140.38
		6 Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	SVP & Chief	Information Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Bruder, Eric				\$64.42
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP & CFO	Bond & SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Bruder, Eric				\$64.42
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP & CFO	Bond & SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Bruder, Eric				\$64.42
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP & CFO	Bond & SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Campbell, Laura				\$38.85
		Contributor address; City; State; Zip Code		1		
L		Hartford, CT 06183				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	2VP Claim P	rod Dev&Strat	Travelers Indemnity Co			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/75 Rpt: 12/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
Ľ	02/09/2024	Campbell, Laura)	Ľ	/ouni or ooninbulon (+)	\$38.85
	02,00,2021	6 Contributor address; City; State; Zip Code				400.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ		rod Dev&Strat	Travelers Indemnity Co	"		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	02/23/2024 Campbell, Laura				\$38.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Claim P	rod Dev&Strat	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Carr, Daniel				\$59.42
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	2VP Actuaria	al & Analytics	Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Carr, Daniel			(י)	\$59.42
	02,00,202	Contributor address; City; State; Zip Code				+001.1
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		al & Analytics	Travelers Indemnity Co	,		
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#F0 40
	02/23/2024	Carr, Daniel				\$59.42
		Contributor address; City; State; Zip Code				
L		Hartford, CT 06183				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	2VP Actuaria	al & Analytics	Travelers Indemnity Co			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/75 Rpt: 13/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Checkosky, Robert				\$45.58
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06120				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Checkosky, Robert				\$45.58
		Contributor address; City; State; Zip Code				
		Hartford, CT 06120				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Checkosky, Robert				\$45.58
		Contributor address; City; State; Zip Code				
		Hartford, CT 06120				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Coltea, Claudiu				\$36.54
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Enterpr	ise Cust Exprnce	Travelers Indemnity Co			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Coltea, Claudiu				\$36.54
		Contributor address; City; State; Zip Code				
L		Hartford, CT 06183				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Enterpr	ise Cust Exprnce	Travelers Indemnity Co			
1						

The Instruction Guide explains how to con	1 Total pages Schedule A1: Sch: 11/75 Rpt: 14/79
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Cor	
· · · · · · · · · · · · · · · · · · ·	state PAC (ID#:) 7 Amount of Contribution (\$)
02/23/2024 Coltea, Claudiu	\$36.54
6 Contributor address; City; State; Zip C	ode
Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
SVP Enterprise Cust Exprnce	Travelers Indemnity Co
	state PAC (ID#:) Amount of Contribution (\$)
01/26/2024 Crichton, Peter	\$39.42
Contributor address; City; State; Zip C	ode
Hartford, CT 06183	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co
Date Full name of contributor out-of	state PAC (ID#:) Amount of Contribution (\$)
02/09/2024 Crichton, Peter	\$39.42
Contributor address; City; State; Zip C	ode
Hartford, CT 06183	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co
Date Full name of contributor out-oi	state PAC (ID#:) Amount of Contribution (\$)
02/23/2024 Crichton, Peter	\$39.42
Contributor address; City; State; Zip C	ode
Hartford, CT 06183	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co
01/26/2024 Dauria, Kathleen	state PAC (ID#:) Amount of Contribution (\$) \$46.54
Contributor address; City; State; Zip C	ode
Hartford, CT 06183	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Comm and Cust. Exp	Travelers Indemnity Co

Γ	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
		· · ·			Sch: 12/75 Rpt: 15/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Dauria, Kathleen				\$46.54
		6 Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Comm a	nd Cust. Exp	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/23/2024	Dauria, Kathleen				\$46.54
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Comm a	nd Cust. Exp	Travelers Indemnity Co			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	01/26/2024	DeWitte, Jonathan				\$79.33
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Gov't Re	lations	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/09/2024	DeWitte, Jonathan)		(י)	\$79.33
		Contributor address; City; State; Zip Code		•		
		Washington, DC 20005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP Gov't Re		Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	02/23/2024	DeWitte, Jonathan)		/ouni or ooninbulon (+)	\$79.33
	0=/=0/=0= 1	Contributor address; City; State; Zip Code		•		<i>+</i> ¹ 0100
		Contributor address, City, State, Zip Code				
1		Washington, DC 20005				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
I	VP Gov't Re		Travelers Indemnity Co	,		
⊢						
I						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/75 Rpt: 16/79 2 FILER NAME Filer ID (Ethics Commission Filers) 3 The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/26/2024 Devine, William 6 Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 SVP Business Capabilities BI **Travelers Indemnity Co** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/09/2024 Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Business Capabilities BI **Travelers Indemnity Co** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/23/2024 Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Business Capabilities BI **Travelers Indemnity Co** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 01/26/2024 Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Counsel Travelers Indemnity Co** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/09/2024 Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Executive Counsel

Travelers Indemnity Co

\$108.17

\$108.17

\$108.17

\$43.27

\$43.27

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/75 Rpt: 17/79	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA			00087159	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	02/23/2024	Dube, Lori			· · · · · · · · · · · · · · · · · · ·	\$43.27
		6 Contributor address; City; State; Zip Code		ł		
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Executive Co	ounsel	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Ferren, William				\$40.38
		Contributor address; City; State; Zip Code		1		
		Blue Bell, PA 19422				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Managing Co	ounsel Claim	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Ferren, William				\$40.38
		Contributor address; City; State; Zip Code				
		Blue Bell, PA 19422				
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Managing Co	ounsel Claim	Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Ferren, William				\$40.38
		Contributor address; City; State; Zip Code				
\vdash	Dringing occu	Blue Bell, PA 19422	Employer (See Instructions	<u> </u>		
		ipation / Job title (See Instructions) ounsel Claim	Travelers Indemnity Co	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 50.00
		Flanagan, Barbara				\$52.88
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	VP HR - Clai		Travelers Indemnity Co	'n		

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/75 Rpt: 18/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	(C)		00087159	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
Ľ	02/09/2024	Flanagan, Barbara)			\$52.88
	02/03/2024	6 Contributor address; City; State; Zip Code				\$ 02.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions) ;)		
ľ	VP HR - Clai		Travelers Indemnity Co	,		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢50.00
	02/23/2024	Flanagan, Barbara				\$52.88
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
_	Dringingloggy		Employer (Cool Instructions			
	VP HR - Clai	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
			-			
	Date)		Amount of Contribution (\$)	
	01/26/2024					\$115.38
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		Personal Insurance	Travelers Indemnity Co			
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	French, David)		/cu.it of Contained and (+)	\$115.38
	02,00,202 .	Contributor address; City; State; Zip Code				+110.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		Personal Insurance	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	French, David)			\$115.38
		Contributor address, City, State, Zip Code				
1		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	SVP & CFO	Personal Insurance	Travelers Indemnity Co			
⊢			1			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/75 Rpt: 19/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/26/2024	Frey, Daniel				\$208.33
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	EVP & Chief	Financial Officer	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024 Frey, Daniel				\$208.33	
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	EVP & Chief	Financial Officer	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Frey, Daniel				\$208.33
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP & Chief	Financial Officer	Travelers Indemnity Co			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Fuller, Stephen				\$87.65
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20005				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Int'l Exter	mai Affairs	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Fuller, Stephen				\$87.65
		Contributor address; City; State; Zip Code				
		Weshington DC 20005				
\vdash	Dringing	Washington, DC 20005	Employer (Cas Instant)			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	VP Int'l Exter	IIIai Aiialis	Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/75 Rpt: 20/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/23/2024	Fuller, Stephen				\$87.65
		6 Contributor address; City; State; Zip Code				
		Washington, DC 20005				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Int'l Exter	mal Affairs	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Galvin, Jason				\$153.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP & Chief	f Information Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Galvin, Jason				\$153.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP & Chief	f Information Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Galvin, Jason				\$153.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP & Chief	f Information Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Garten, Cynthia				\$51.92
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP HR - Per	sonal Insurance	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/75 Rpt: 21/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/09/2024	Garten, Cynthia				\$51.92
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ວ		
ľ		sonal Insurance	Travelers Indemnity Co	,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	02/23/2024 Garten, Cynthia				\$51.92
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP HR - Per	sonal Insurance	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Gee, Patrick				\$37.60
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Claim F	Personal Ins	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Gee, Patrick	/		(1)	\$37.60
	02,00,202	Contributor address; City; State; Zip Code				+01.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ວ		
	SVP Claim F		Travelers Indemnity Co	,		
╞			-	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	407.00
	02/23/2024					\$37.60
		Contributor address; City; State; Zip Code				
\vdash		Hartford, CT 06183				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	SVP Claim F	Personal Ins	Travelers Indemnity Co			
1						
I I						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/75 Rpt: 22/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/26/2024	Gehrhardt, Beth				\$43.85
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Human F	Resources	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024					\$43.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Human F	<pre>{esources</pre>	Travelers Indemnity Co			
	Date)		Amount of Contribution (\$)	
	02/23/2024	Gehrhardt, Beth				\$43.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP Human F		Travelers Indemnity Co	<i>•</i>)		
				_	Amount of Contribution (ft)	
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$82.69
	01/20/2024	Gibbons, Myles				Φ02.09
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		AG & CUO Mid Mkt	Travelers Indemnity Co	,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/09/2024	Gibbons, Myles)			\$82.69
	Contributor address; City; State; Zip Code				\$02.00	
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	SVP Pres C/	AG & CUO Mid Mkt	Travelers Indemnity Co			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/75 Rpt: 23/79 2 FILER NAME Filer ID (Ethics Commission Filers) 3 The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/23/2024 Gibbons, Myles \$82.69 6 Contributor address; City; State; Zip Code Hartford, CT 06183 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SVP Pres CAG & CUO Mid Mkt **Travelers Indemnity Co** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/26/2024 Gifford, Bruce \$142.31 Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Chief Actuary BI **Travelers Indemnity Co** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/09/2024 Gifford, Bruce \$142.31 Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Chief Actuary BI **Travelers Indemnity Co** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 02/23/2024 Gifford, Bruce \$142.31 Contributor address; City; State; Zip Code Hartford, CT 06183 Principal occupation / Job title (See Instructions) Employer (See Instructions) SVP Chief Actuary BI **Travelers Indemnity Co** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/26/2024 Goldberg, Jeff \$32.88 Contributor address; City; State; Zip Code Chicago, IL 60601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr Counsel Claim Travelers Indemnity Co

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/75 Rpt: 24/79	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	02/09/2024	Goldberg, Jeff				\$32.88
		6 Contributor address; City; State; Zip Code				
		Chicago, IL 60601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Sr Counsel C		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	Goldberg, Jeff	/			\$32.88
	02,20,212	Contributor address; City; State; Zip Code				*-
		Contributor address, City, State, Zip Code				
		Chicago, IL 60601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Sr Counsel C		Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	01/26/2024	Goldstein, Abbe	/		Allount of Contingation (+)	\$100.00
	01/20/212	Contributor address; City; State; Zip Code				Ψ±00
		New York City, NY 10017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Investo	r Relations	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Goldstein, Abbe				\$100.00
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Investo	r Relations	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Goldstein, Abbe				\$100.00
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Investo	r Relations	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/75 Rpt: 25/79	_
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Griffard, Julie			· · · · · · · · · · · · · · · · · · ·	\$47.12
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77041				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		Energy & Marine	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/09/2024				/ incant of contact (\$47.12
	0-, 0	Contributor address; City; State; Zip Code				Ŧ
		Houston, TX 77041				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		Energy & Marine	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Griffard, Julie	/		Allount of Contribution (+)	\$47.12
	02,20,202					¥==
		Contributor address, City, State, Zip Code				
		Houston, TX 77041				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		Energy & Marine	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Griner, John	/		Allount of Contribution (+)	\$31.25
	01,20,202	Contributor address; City; State; Zip Code				<i>401.1.</i>
		CUltinution address, City, State, Lip Code				
		Brookfield, WI 53005				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Sr Counsel (Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/09/2024	Griner, John	/		,	\$31.25
		Brookfield, WI 53005				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Sr Counsel (Claim	Travelers Indemnity Co			
\vdash			1			

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 23/75 Rpt: 26/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee	e (T-PA	C)		00087159	
4	Date	5 Full name of contributor Out-of-state P	AC (ID#:)	7	Amount of Contribution (\$)	
	02/23/2024	Griner, John		/			\$31.25
		6 Contributor address; City; State; Zip Code					
		Brookfield, WI 53005					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions			
	Sr Counsel Claim Travelers Indemnity Co						
⊨	Date	Full name of contributor out-of-state PA)		Amount of Contribution (\$)	
	01/26/2024	Hamm, Scott	AC (ID#)			\$86.54
	01/20/2024	Contributor address; City; State; Zip Code					400.0 4
		Contributor address, City, State, Zip Code					
		New York City, NY 10017					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	National Acc			Travelers Indemnity Co	,		
⊢	Date	Full name of contributor out-of-state P/)		Amount of Contribution (\$)	
	02/09/2024	Hamm, Scott	AC (ID#)			\$86.54
	02/03/2024						400.0 4
		Contributor address, City, State, Zip Code					
		New York City, NY 10017					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. ;)		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Hamm, Scott		,			\$86.54
		Contributor address; City; State; Zip Code					
		New York City, NY 10017					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	National Acc	ounts VP		Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Harris, Douglas					\$39.04
	Contributor address; City; State; Zip Code						
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
1	VP Claim Pr	od Dev&Strat		Travelers Indemnity Co			
Γ			I				
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/75 Rpt: 27/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/09/2024	024 Harris, Douglas				\$39.04
		6 Contributor address; City; State; Zip Code				
		Continuation address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>լ </u>		
	•	od Dev&Strat	Travelers Indemnity Co	,		
╞				<u> </u>	Amount of Constribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢20.04
	02/23/2024	Harris, Douglas				\$39.04
		Contributor address; City; State; Zip Code				
		Hertford CT 00100				
		Hartford, CT 06183		Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Claim Pro	od Dev&Strat	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Heard, Peter				\$153.85
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Regl Preside	nt-Field Mgmt	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Heard, Peter				\$153.85
		Contributor address; City; State; Zip Code				
		···· F····				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Regl Preside	nt-Field Mgmt	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Heard, Peter)		/ incant of Contribution (+)	\$153.85
						+200.00
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I;)		
1		ent-Field Mgmt	Travelers Indemnity Co	,		
⊢		- 5 -				
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 25/75 Rpt: 28/79		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		00087159	,
	Date	5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
 -	01/26/2024	Henderson, Charles)	ľ		\$36.96
	01/20/2024					φ30.90
		6 Contributor address; City; State; Zip Code				
		Diskandara TV 75004				
L		Richardson, TX 75081				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	UW Officer N	National Property	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	02/09/2024 Henderson, Charles				\$36.96
		Contributor address; City; State; Zip Code				
		Richardson, TX 75081				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	UW Officer N	National Property	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/23/2024	Henderson, Charles)			\$36.96
						ψ30.30
		Contributor address; City; State; Zip Code				
		Richardson, TX 75081				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		Jational Property	Travelers Indemnity Co)		
╘	Ow Oncer i					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Herron, Peter				\$76.92
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP PNP Bo	ond & SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Herron, Peter				\$76.92
	Contributor address; City; State; Zip Code					
	Continuator address, City, State, Zip Code					
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	SVP PNP Bo		Travelers Indemnity Co	,		
⊢	B					

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 26/75 Rpt: 29/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Herron, Peter				\$76.92
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	SVP PNP Bo	ond & SI	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Herzog, Kristin				\$83.65
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Assoc Group	o Gen Counsel-Claim	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Herzog, Kristin			Allount of Contineation (+)	\$83.65
	02,00,202					400.00
		Continuator address, City, State, Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Assoc Group	o Gen Counsel-Claim	Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Herzog, Kristin)			\$83.65
	02/20/2024	-				\$00.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
) Gen Counsel-Claim	Travelers Indemnity Co	,		
╞	Date			1	Amount of Contribution (\$)	
						\$288.46
	01/26/2024 Heyman, William				Ψ200.40	
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Vice Chairma		Travelers Indemnity Co	<i>•</i>)		
\vdash						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/75 Rpt: 30/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
Ľ	02/09/2024	Heyman, William)	Ľ		\$288.46
	02/00/2024	6 Contributor address; City; State; Zip Code				¢200.∓0
		Contributor address, City, State, Zip Code				
		New York City, NY 10017				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ນ		
ľ	Vice Chairma		Travelers Indemnity Co	,		
⊨				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*****
	02/23/2024	Heyman, William				\$288.46
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Chairm	an	Travelers Indemnity Co			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Higgins, Lorrie				\$43.65
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Human F	Resources	Travelers Indemnity Co			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/09/2024	Higgins, Lorrie	/			\$43.65
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	VP Human F		Travelers Indemnity Co	-,		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢40.05
	02/23/2024 Higgins, Lorrie				\$43.65	
	Contributor address; City; State; Zip Code					
		Upstford CT 00102				
⊢	Deire i	Hartford, CT 06183	Freedow (2) is it			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	VP Human F	Kesources	Travelers Indemnity Co			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/75 Rpt: 31/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA			00087159	
	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
–	01/26/2024	Higgins, Scott	/	Ľ		\$221.15
	01/20/202-1					Ψζζ1.10
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
Ļ	Dringing occu		Employer (See Instructions	<u> </u>		
ŏ		pation / Job title (See Instructions)	 9 Employer (See Instructions Travelers Indemnity Co 	5)		
	EVPAPIESI	dl MktNatlProp&BI Fld		-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Higgins, Scott				\$221.15
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP&PresM	dl MktNatlProp&BI Fld	Travelers Indemnity Co			
F	Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	02/23/2024	Higgins, Scott				\$221.15
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP&PresM	dl MktNatlProp&BI Fld	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Hill, David				\$57.69
		Contributor address; City; State; Zip Code				
		Blue Bell, PA 19422				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	BI Field Vice		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/09/2024	Hill, David	/		Allount of Contineation (+)	\$57.69
					+0	
	Contributor address; City; State; Zip Code					
		Blue Bell, PA 19422				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	BI Field Vice		Travelers Indemnity Co	''		
\vdash						

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 29/75 Rpt: 32/79	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Hill, David				\$57.69
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Blue Bell, PA 19422				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	BI Field Vice	President	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	01/26/2024	Hogan, George	/			\$37.31
		Contributor address; City; State; Zip Code				
		Chicago, IL 60601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Sr Regional	Dir Field Mgmt	Travelers Indemnity Co			
⊨	Date Full name of contributor out-of-state PAC (ID#:)			Γ	Amount of Contribution (\$)	
	02/09/2024 Hogan, George				(י)	\$37.31
		Contributor address; City; State; Zip Code				
		Chicago, IL 60601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Regional	Dir Field Mgmt	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	02/23/2024	Hogan, George				\$37.31
		Contributor address; City; State; Zip Code				
		Chicago, IL 60601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Regional	Dir Field Mgmt	Travelers Indemnity Co			
⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	01/26/2024	Horan, William				\$40.38
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Catastrophe	Claim Field VP	Travelers Indemnity Co			
			<u> </u>			
1						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 30/75 Rpt: 33/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Horan, William	,	ľ	(1)	\$40.38
	02/03/2024					φ-10.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78216				
Ļ	Dringinglagou					
ð		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Calastrophe	Claim Field VP	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Horan, William				\$40.38
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Catastrophe	Claim Field VP	Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Houston, Marchelle				\$100.00
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	SVP Bond &		Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	02/09/2024	Houston, Marchelle)		Amount of Contribution (\$)	\$100.00
	02/09/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Dringinglagou		Franksvar (Cas kastrustians			
	SVP Bond &	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP BUILU &		Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Houston, Marchelle				\$100.00
		Contributor address; City; State; Zip Code		1		
L		Hartford, CT 06183				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Bond &	SI Claim	Travelers Indemnity Co			
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	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 31/75 Rpt: 34/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee	(T-PA	C)		00087159	
4	Date	5 Full name of contributor out-of-state PA	C (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Hudson, Melanie					\$53.85
		6 Contributor address; City; State; Zip Code					
		Charlotte, NC 28226					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			5)			
	BI Field Vice	President		Travelers Indemnity Co			
F	Date	Full name of contributor Out-of-state PA	.C (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Hudson, Melanie					\$53.85
		Contributor address; City; State; Zip Code					
		Charlotte, NC 28226					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	BI Field Vice	President		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Hudson, Melanie					\$53.85
		Contributor address; City; State; Zip Code			1		
		Charlotte, NC 28226					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	BI Field Vice	President		Travelers Indemnity Co			
	Date	Full name of contributor 🔲 out-of-state PA	.C (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Hughes, Kevin					\$45.00
		Contributor address; City; State; Zip Code]		
	<u> </u>	Hartford, CT 06183			Ĺ		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gen C	Counsel Bond & SI		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Hughes, Kevin					\$45.00
	Contributor address; City; State; Zip Code						
		Hortford CT 06102					
⊢	Drinoinal as	Hartford, CT 06183		Employer (Cashastrusticas			
ĺ		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
⊢	Group Gen C						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 32/75 Rpt: 35/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	NC)		00087159	,
	Date	5 Full name of contributor Out-of-state PAC (ID#:	•	7	Amount of Contribution (\$)	
ľ	02/23/2024	Hughes, Kevin)	ľ		\$45.00
	02/23/2024	-				φ45.00
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			5)		
	Group Gen (Counsel Bond & SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Jones, Bruce				\$100.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr	Travelers Indemnity Co			
⊢	Date	Full name of contributorout-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Jones, Bruce				\$100.00
		Hartford, CT 06183				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		Mgmt&Chf RiskOfcr	Travelers Indemnity Co			
⊨	Date	- 	<u> </u>		Amount of Contribution (\$)	
	02/23/2024)		Amount of Contribution (\$)	\$100.00
	02/23/2024	Jones, Bruce				Φ100.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
_	Dringing ago		Employer (Cas Instructions			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Mgmt&Chf RiskOfcr	Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Kalla, Christine				\$182.69
	Contributor address; City; State; Zip Code					
		St. Paul, MN 55102				
[Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1	EVP & Gene	ral Counsel	Travelers Indemnity Co			
1						

	The Instrue	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 33/75 Rpt: 36/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee	(T-PAC	:)		00087159	
4	Date	5 Full name of contributor Out-of-state PA	C (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Kalla, Christine					\$182.69
		6 Contributor address; City; State; Zip Code					
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	EVP & Gene	ral Counsel		Travelers Indemnity Co			
	Date	Full name of contributor Out-of-state PA	C (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Kalla, Christine					\$182.69
		Contributor address; City; State; Zip Code					
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP & Gene	ral Counsel		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	C (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Keane, Robert					\$80.77
		Contributor address; City; State; Zip Code			1		
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	C (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Keane, Robert					\$80.77
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PA	C (ID#:)		Amount of Contribution (\$)	
	02/23/2024						\$80.77
		Contributor address; City; State; Zip Code					
		Hertford CT 06102					
⊢	Dringing	Hartford, CT 06183		Employer (Cashattant)			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
\vdash	ASSUC GIOUD	Gen Counsel-Claim		Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/75 Rpt: 37/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	01/26/2024 Kearney, Brian				(1)	\$50.00
	0_/_0/_0_	6 Contributor address; City; State; Zip Code				+00.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ו</u>		
ľ	VP Product		Travelers Indemnity Co	"		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Kearney, Brian				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Product		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Kearney, Brian				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Product		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Keegan, Patrick)			\$182.69
	01/20/2024	-				\$102.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	SVP & Enter		Travelers Indemnity Co	"		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Keegan, Patrick				\$182.69
	Contributor address; City; State; Zip Code					
\vdash		Hartford, CT 06183				
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	SVP & Enter	prise CUO	Travelers Indemnity Co			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/75 Rpt: 38/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	C)		00087159	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/23/2024				(1)	\$182.69
	0=/=0/=0= !	6 Contributor address; City; State; Zip Code				+=0=.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ວ		
ľ	SVP & Enter		Travelers Indemnity Co	,		
╞			-	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Kelley, Patricia				\$44.62
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Complex	Claim Liability	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Kelley, Patricia				\$44.62
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Complex	Claim Liability	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Kelley, Patricia	/		(1)	\$44.62
	0=/=0/=0= !	Contributor address; City; State; Zip Code				+
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ວ		
		Claim Liability	Travelers Indemnity Co	,		
╞		-	-	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#50.05
	01/26/2024					\$53.85
		Contributor address; City; State; Zip Code				
\vdash		New York City, NY 10017				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	VP Alternativ	ve Invesments	Travelers Indemnity Co			
1						

	The Instru	ction Guide explains how to comp	lete this fo	orm.	1	Total pages Schedule A1: Sch: 36/75 Rpt: 39/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Travele	s Companies, Inc. Political Action Comm	nittee (T-PA	C)		00087159	
4	Date	5 Full name of contributor Out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Kelly, Timothy		/			\$53.85
		6 Contributor address; City; State; Zip Cod	 P				
			0				
		New York City, NY 10017					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u> چ)		
		ve Invesments		Travelers Indemnity Co			
⊨	Date	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Kelly, Timothy)			\$53.85
	02/20/2024						\$55.05
		Contributor address; City; State; Zip Cod	е				
		New York City, NY 10017					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		ve Invesments		Travelers Indemnity Co	,		
⊨	Date	Full name of contributor				Amount of Contribution (\$)	
	01/26/2024	Kennedy, Tara	ale PAC (ID#)		Amount of Contribution (\$)	\$70.67
	01/20/2024						Ψ10.01
		Contributor address; City; State; Zip Cod	е				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Ī	Employer (See Instructions	<u>ا</u> چ)		
	VP Claim Cu	stomer Services		Travelers Indemnity Co			
	Date	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Kennedy, Tara		,			\$70.67
		Contributor address; City; State; Zip Cod	 е				
			•				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Claim Cu	stomer Services		Travelers Indemnity Co			
F	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Kennedy, Tara	· _	,			\$70.67
1		Hartford, CT 06183					
Γ	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
1	VP Claim Cu	stomer Services		Travelers Indemnity Co			
F							
L							

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/75 Rpt: 40/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date 5 Full name of contributor Out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
Ľ	01/26/2024	Klein, Michael	/	ľ	/ inician of Contribution (+)	\$307.69
	01/20/2024					φ 00 7.00
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	<u> </u>			Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	EVP & Pres	Personal Insurance	Travelers Indemnity Co			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Klein, Michael				\$307.69
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	EVP & Pres	Personal Insurance	Travelers Indemnity Co			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Klein, Michael)			\$307.69
	02/20/2024					4001.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ວ		
	•	Personal Insurance	Travelers Indemnity Co	''		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Kreuzer, Robert				\$121.15
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Risk Con	itrol	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Kreuzer, Robert				\$121.15
		Contributor address; City; State; Zip Code				
1		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
1	VP Risk Con		Travelers Indemnity Co			
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/75 Rpt: 41/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/23/2024	/23/2024 Kreuzer, Robert				\$121.15
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	. 5)		
	VP Risk Con	itrol	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/26/2024	Larkin, Courtney)			\$83.65
	0_,_0,_0_	Contributor address; City; State; Zip Code				+00.00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ز)		
	VP Gov't Rel	· · · · ·	Travelers Indemnity Co	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u>_</u>		Amount of Contribution (\$)	
	02/09/2024	Larkin, Courtney)			\$83.65
	02/03/2027	· · · · · · · · · · · · · · · · · · ·				ψ00.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	VP Gov't Rel		Travelers Indemnity Co	,		
			<u> </u>	<u> </u>	Amount of Contribution (¢)	
	Date 02/23/2024)		Amount of Contribution (\$)	\$83.65
	02/23/2024	Larkin, Courtney				Φ03.03
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	VP Gov't Rel		Travelers Indemnity Co	<i>)</i>		
┝				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*7F 00
	01/26/2024					\$75.00
		Contributor address; City; State; Zip Code				
		Ch Louis MO 62146				
	Deineineleen	St. Louis, MO 63146	England (On a landaustic se			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP Bond &	. SI	Travelers Indemnity Co			

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/75 Rpt: 42/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/09/2024	Lear, Mark	/	-	(1)	\$75.00
	02/00/2021					<i><i></i></i>
		6 Contributor address; City; State; Zip Code				
		St. Louis, MO 63146				
-	Dringing ogg	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
°	RVP Bond &		Travelers Indemnity Co)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Lear, Mark				\$75.00
		Contributor address; City; State; Zip Code				
		St. Louis, MO 63146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP Bond &	SI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Lefebvre, Mojgan				\$250.00
		Contributor address; City; State; Zip Code				
		Belmont, MA 02478				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	EVP & Chief	Tech & Ops Officer	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Lefebvre, Mojgan				\$250.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Belmont, MA 02478				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	-	Tech & Ops Officer	Travelers Indemnity Co	,		
⊨		·		_	Amount of Constribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢250.00
	02/23/2024 Lefebvre, Mojgan				\$250.00	
		Contributor address; City; State; Zip Code				
		Belmont, MA 02478				
⊢	Drinoinal accu		Employor (Coo Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions)		
L		Tech & Ops Officer	Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/75 Rpt: 43/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		00087159	
4	Date	· · · ·	·)	7	Amount of Contribution (\$)	
	01/26/2024	Lego, Raymond	·	ľ	, inclusion contraction (,	\$38.08
	01,20,202.					400.00
		6 Contributor address; City; State; Zip Code				
		Centennial, CO 80112				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
		ounsel Claim	Travelers Indemnity Co	''		
⊨				—	Amount of Contribution (¢)	
	Date		:)		Amount of Contribution (\$)	¢00.00
	02/09/2024	Lego, Raymond				\$38.08
		Contributor address; City; State; Zip Code				
		Centennial, CO 80112				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Managing Co	ounsel Claim	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:	t:)		Amount of Contribution (\$)	
	02/23/2024	Lego, Raymond				\$38.08
		Contributor address; City; State; Zip Code		1		
		Centennial, CO 80112				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Managing Co	ounsel Claim	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/26/2024	Linehan, Patrick	·		······	\$148.08
	01,1,1,1,1	Contributor address; City; State; Zip Code		ł		Ŧ -
		Contributor address, City, State, Zip Code				
		New York City, NY 10017				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	-	ate Communications	Travelers Indemnity Co			
╞				—	1	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	\$148.08
	02/09/2024	Linehan, Patrick				Φ 140.00
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
\vdash	Dringing oog	-				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ate Communications	Travelers Indemnity Co			
						,

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/75 Rpt: 44/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		rs Companies, Inc. Political Action Committee (T-PA			00087159	1111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Linehan, Patrick				\$148.08
	VL , <u>L</u>	6 Contributor address; City; State; Zip Code				¥=
Ļ		New York City, NY 10017				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	SVP Corpor	rate Communications	Travelers Indemnity Co			
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Llompart-Coley, Margarita	_			\$39.42
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	2VP Affinity		Travelers Indemnity Co	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	02/09/2024	Llompart-Coley, Margarita			Amount of Contracting (1)	\$39.42
	02,00,					ΨCC.
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	2VP Affinity		Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	02/23/2024	Llompart-Coley, Margarita				\$39.42
	02,22	Contributor address; City; State; Zip Code				¥ = -
		CUITITIDUTOR dualess, City, State, בוף כסמכ				
		Hartford, CT 06183				
\vdash	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	2VP Affinity		Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	01/26/2024	Loperfido, Dennis				\$50.00
	-					
		St. Paul, MN 55102				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP HD of FI	Research	Travelers Indemnity Co			
\vdash			1			

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 42/75 Rpt: 45/79	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
		rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Loperfido, Dennis				\$50.00
		6 Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP HD of FI	Research	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Loperfido, Dennis				\$50.00
		Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP HD of FI	Research	Travelers Indemnity Co			
╞	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	01/26/2024	Malugen, William				\$148.08
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	EVP & Pres	National Accounts	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Malugen, William				\$84.62
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183	<u>.</u>			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP & Pres	National Accounts	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	Malugen, William				\$84.62
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	EVP & Pres	National Accounts	Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 43/75 Rpt: 46/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	,
4		Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
–		01/26/2024 Mannoochahr, Mano				\$57.69
	01/20/2024					ψ01.00
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
-	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
l°		pata&Analytics Ofcr	Travelers Indemnity Co	>)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Mannoochahr, Mano				\$57.69
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Chief D	Pata&Analytics Ofcr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Mannoochahr, Mano				\$57.69
				1		
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Chief D	Pata&Analytics Ofcr	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Mariani, Leonard	/		/ mount of echangement (+)	\$38.46
	01,20,202.			-		400 .10
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	SVP Nationa		Travelers Indemnity Co	<i>,</i>		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±0.40
	02/09/2024]		\$38.46
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Nationa	ıl Markets	Travelers Indemnity Co			
I						

Th	ne Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/75 Rpt: 47/79	
2 FIL	ER NAME			3	Filer ID (Ethics Commission	ı Filers)
Th	e Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	-
4 Dat		5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	/23/2024	Mariani, Leonard			······································	\$38.46
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8 Prii	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
SV	/P Nationa	al Markets	Travelers Indemnity Co			
Dat	ite	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	/26/2024	McBrien, Peter				\$40.38
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
VP	P Circle Le	ad	Travelers Indemnity Co			
Dat	ite	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
02/	/09/2024	McBrien, Peter			- · ·	\$40.38
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
VP	P Circle Le	ad	Travelers Indemnity Co			
Dat	ite	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/	/23/2024	McBrien, Peter				\$40.38
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
VP	P Circle Le	ad	Travelers Indemnity Co			
Dat	ite	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/	/26/2024	McPadden, Michael				\$38.65
		Contributor address; City; State; Zip Code		1		
		Windsor, CT 06095				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
2V	'P Claim P	Prod Dev&Strat	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/75 Rpt: 48/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PA	NC)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	McPadden, Michael				\$38.65
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Windsor, CT 06095				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
		Prod Dev&Strat	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/23/2024	McPadden, Michael)			\$38.65
	02/23/2024					ψ30.03
		Contributor address; City; State; Zip Code				
		Windsor, CT 06095				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		Prod Dev&Strat	Travelers Indemnity Co	"		
╞				_	Amount of Contribution (ft)	
	Date)		Amount of Contribution (\$)	¢20.65
	01/26/2024 McPhee, Scott Contributor address; City; State; Zip Code					\$38.65
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	•	al & Analytics	Travelers Indemnity Co	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/09/2024	McPhee, Scott)		Amount of Contribution (\$)	\$38.65
	02/03/2024					ψ30.03
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		al & Analytics	Travelers Indemnity Co	,		
⊢		-			Amount of Contribution (¢)	
	Date 02/23/2024)		Amount of Contribution (\$)	\$38.65
						Ψ30.03
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> រ)		
I		al & Analytics	Travelers Indemnity Co	.,		
⊢						
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 46/75 Rpt: 49/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travele	s Companies, Inc. Political Action Committee (T-P	AC)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Melillo, Lisa				\$50.00
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Group Gene		Travelers Indemnity Co	-)		
╞	-			<u> </u>	Amount of Contribution (1)	
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	#FO 00
	02/09/2024	Melillo, Lisa				\$50.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Group Gene	ral Counsel	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024				\$50.00	
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Group Gene	ral Counsel	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Miletti, John				\$72.12
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ه)		
		el Gov't Relations	Travelers Indemnity Co	-,		
⊨				<u> </u>	Amount of Contribution (1)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$72.12
	02/09/2024 Miletti, John					Φ12.12
		Contributor address; City; State; Zip Code				
		Hartford CT 06102				
⊢	Duin 1 1	Hartford, CT 06183	Employ (2) to the			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	VP & Couns	el Gov't Relations	Travelers Indemnity Co			
1						
1						

	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/75 Rpt: 50/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ers Companies, Inc. Political Action Committee (T-PA			00087159	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
	02/23/2024		/	. 		\$72.12
	02,20,202.	6 Contributor address; City; State; Zip Code				Ψ/ <u>_</u>
		6 Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ل ه)		
		sel Gov't Relations	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	01/26/2024	Miley, Robert	/			\$126.15
	01/20/2024	-				ΦΙΖΟ.ΙΟ
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
		Counsel-SRG	Travelers Indemnity Co	リ		
╞			-	—		
	Date	—)		Amount of Contribution (\$)	÷•••• 45
	02/09/2024					\$126.15
		Contributor address; City; State; Zip Code				
		Latterd CT 06102				
┡	Dringing occ	Hartford, CT 06183 upation / Job title (See Instructions)	Employer (See Instructions	Ļ		
		Counsel-SRG	Employer (See Instructions	9		
L			Travelers Indemnity Co	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Miley, Robert				\$126.15
	Hartford CT 06192					
L		Hartford, CT 06183				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
L	Group Gen (Counsel-SRG	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/26/2024 Mills, Timothy						\$61.15
		Contributor address; City; State; Zip Code				
L		Centennial, CO 80112				
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	RVP SRG	,	Travelers Indemnity Co			
\vdash			I			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/75 Rpt: 51/79	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/09/2024	Mills, Timothy				\$61.15
		6 Contributor address; City; State; Zip Code		1		
		Centennial, CO 80112				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RVP SRG		Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	 Mills, Timothy				\$61.15
		Contributor address; City; State; Zip Code				
		Centennial, CO 80112				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RVP SRG	1	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Montgomery-Baisden, Elaine				\$93.75
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Product I	Vanager I-PI	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Montgomery-Baisden, Elaine				\$93.75
	Contributor address; City; State; Zip Code			1		
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Product	Manager I-PI	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/23/2024 Montgomery-Baisden, Elaine		Montgomery-Baisden, Elaine				\$93.75
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Product N	Manager I-PI	Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/75 Rpt: 52/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	01/26/2024	Morgan, Lisa			· · · · · · · · · · · · · · · · · · ·	\$75.00
	·	6 Contributor address; City; State; Zip Code				Ŧ· = · ·
		Continuation address, Oity, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
		onst Energy Marine	Travelers Indemnity Co	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		<u> </u>	Amount of Contribution (\$)	
	02/09/2024	Morgan, Lisa	/			\$75.00
	0210312024					ΨΙ 0.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
		onst Energy Marine	Travelers Indemnity Co	,		
╞	Date)	Γ	Amount of Contribution (\$)	
	02/23/2024	Morgan, Lisa	/			\$75.00
	0212012027	-				Ψι 0.00
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	SVP Pres Co	onst Energy Marine	Travelers Indemnity Co			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2024	Moroski, Jeffery			,	\$45.58
		Contributor address; City; State; Zip Code				Ŧ
	Contributor address, City, State, Zip Code					
		Waukesha, WI 53188				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP BI Casua	alty UW	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Moroski, Jeffery				\$45.58
	Contributor address; City; State; Zip Code					
		Waukesha, WI 53188				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP BI Casua	ilty UW	Travelers Indemnity Co			
\vdash						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 50/75 Rpt: 53/79
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee (T-PAC)	00087159
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/23/2024 Moroski, Jeffery	\$45.58
6 Contributor address; City; State; Zip Code	· · ·
6 Contributor address; City; State; Zip Code	
Waukesha, WI 53188	
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 	s)
VP BI Casualty UW Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/26/2024 Morris, John	\$50.00
Contributor address; City; State; Zip Code	
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions	
SVP Integrated & International Marketi Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024 Morris, John	\$50.00
Contributor address; City; State; Zip Code	1
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
SVP Integrated & International Marketi Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2024 Morris, John	\$50.00
Contributor address; City; State; Zip Code	•
Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
SVP Integrated & International Marketi Travelers Indemnity Co	
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Mouthaan, Lisa	\$39.42
	Ψυυ.τζ
Contributor address; City; State; Zip Code	
Hartford, CT 06183	
Principal occupation / Job title (See Instructions)Employer (See Instructions)2VP Data ManagementTravelers Indemnity Co	

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/75 Rpt: 54/79	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
The Travele	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
02/09/2024	Mouthaan, Lisa				\$39.42
	6 Contributor address; City; State; Zip Code				
	Hartford, CT 06183				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
2VP Data M	anagement	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
02/23/2024	Mouthaan, Lisa				\$39.42
	Contributor address; City; State; Zip Code				
	Hartford, CT 06183				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
2VP Data M	anagement	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/26/2024	Nelson, Eric				\$70.00
	Hartford, CT 06183				
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
SVP Catastr	ophe Risk Mgmt	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
02/09/2024	Nelson, Eric				\$70.00
	Contributor address; City; State; Zip Code		1		
	Hartford, CT 06183				
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
SVP Catastr	ophe Risk Mgmt	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
02/23/2024	Nelson, Eric				\$70.00
	Contributor address; City; State; Zip Code				
	Hartford, CT 06183	- · ·	Ĺ		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
SVP Catastr	ophe Risk Mgmt	Travelers Indemnity Co			

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AL: Sch: S275 Rpt; 55/79 2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC) 3 Filer D. (Effices Commission Filers) 00087159 4 Date 01/26/2024 5 File mane of contributor out-of-state PAC (De) 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 9 Employer (See Instructions) TCI Global Services Inc Amount of Contribution (\$) 9 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Contribution (\$) \$288 02/09/2024 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Contribution (\$) \$288 02/09/2024 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Contribution (\$) \$288 02/23/2024 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Contribution (\$) \$288 02/23/2024 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Contribution (\$) \$288 02/23/2024 Full name of contributor Olivo, Maria Out-of-state PAC (De) Amount of Co
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4 Date 01/26/2024 5 Full name of contributor out-of-state PAC (IDF:
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6 Contributor address; City, State; Zip Code New York City, NY 10017 9 8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 9 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) S288 Contributor address; City, State; Zip Code Amount of Contribution (\$) New York City, NY 10017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) EVP Strat Dev & Pres Int1 TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#) Amount of Contributor out-of-state PAC (ID#) Amount of Contribution (\$) 02/23/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 02/23/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) S288 Contributor address; City; State; Zip Code
New York City, NY 10017 9 Employer (See Instructions) TCI Global Services Inc Date Olivo, Maria out-of-state PAC (D#:) Amount of Contribution (\$) Contributor address; City, State; Zip Code Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 Employer (See Instructions) TCI Global Services Inc \$288 Date New York City, NY 10017 Employer (See Instructions) TCI Global Services Inc \$289 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 Contributor out-of-state PAC (D#:) Amount of Contribution (\$) Contributor address; City, State; Zip Code Date Full name of contributor Olivo, Maria out-of-state PAC (D#:) Amount of Contribution (\$) S288 02/23/2024 Full name of contributor Olivo, Maria out-of-state PAC (ID#:) Amount of Contribution (\$) S288 02/23/2024 Full name of contributor Olivo, Maria contributor address; City; State; Zip Code Amount of Contribution (\$) TCI Global Services Inc Date New York City, NY 10017 Employer (See Instructions) TCI Global Services Inc \$28 01/26/2024 Full name of contributor Pascale, Christopher Sut-of-state PAC (ID#:) Amount of Contribution (\$) Alpharetta, GA 30005 Employer (See Instructions) Travelers Indemnity Co
8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l 9 Employer (See Instructions) TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:
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Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l Date Full name of contributor Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) TCI Global Services Inc Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l Date Full name of contributor Out-of-state PAC (ID#; TCI Global Services Inc Date Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005 Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim
New York City, NY 10017 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 Date Full name of contributor Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int1 Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) TCI Global Services Inc Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) TCI Global Services Inc Date Full name of contributor O1/26/2024 Pascale, Christopher Contributor address; City; State; Zip Code Amount of Contribution (\$) Alpharetta, GA 30005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim Travelers Indemmity
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EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) O2/23/2024 Olivo, Maria \$288 Contributor address; City; State; Zip Code Amount of Contribution (\$) New York City, NY 10017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor (\$) Amount of Contribution (\$) Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Pascale, Christopher \$41 Contributor address; City; State; Zip Code Amount of Contribution (\$) Alpharetta, GA 30005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim Travelers Indemnity Co
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/23/2024 Olivo, Maria \$288 Contributor address; City; State; Zip Code \$288 New York City, NY 10017 Employer (See Instructions) EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Pascale, Christopher Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$41 Principal occupation / Job title (See Instructions) Travelers Indemnity Co Travelers Indemnity Co
02/23/2024 Olivo, Maria \$288 Contributor address; City; State; Zip Code New York City, NY 10017 Principal occupation / Job title (See Instructions) Employer (See Instructions) EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Pascale, Christopher Amount of Contribution (\$) Contributor address; City; State; Zip Code \$41 Alpharetta, GA 30005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Employer (See Instructions) EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Pascale, Christopher \$41. Contributor address; City; State; Zip Code \$41. Alpharetta, GA 30005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim Travelers Indemnity Co
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Principal occupation / Job title (See Instructions) Employer (See Instructions) EVP Strat Dev & Pres Int'l TCI Global Services Inc Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Pascale, Christopher \$41. Contributor address; City; State; Zip Code \$41. Alpharetta, GA 30005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RVP Claim Travelers Indemnity Co
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Contributor address; City; State; Zip Code Alpharetta, GA 30005 Principal occupation / Job title (See Instructions) RVP Claim Employer (See Instructions) Travelers Indemnity Co
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RVP Claim Travelers Indemnity Co
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/09/2024 Pascale, Christopher \$41.
Contributor address; City; State; Zip Code
Alpharatta CA 30005
Alpharetta, GA 30005
Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/75 Rpt: 56/79	_
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	NC)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Pascale, Christopher				\$41.35
		6 Contributor address; City; State; Zip Code				
		Alpharetta, GA 30005				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	RVP Claim		Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	01/26/2024	Penn, Timothy	/			\$37.31
		-				Ψ01.01
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		y Large Loss	Travelers Indemnity Co	,		
╞				1	Amount of Contribution (\$)	
	Date 02/09/2024)		Amount of Contribution (\$)	\$37.31
	02/09/2024					τς. <i>ι</i> ςφ
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		y Large Loss	Travelers Indemnity Co	<i>,</i>		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	407 01
	02/23/2024	Penn, Timothy				\$37.31
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
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		ipation / Job title (See Instructions) y Large Loss	Employer (See Instructions Travelers Indemnity Co	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024					\$31.73
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Finance		Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/75 Rpt: 57/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
Γ.	02/09/2024	Porcello, Suzanne)	Ľ		\$31.73
	02/03/2024					\$01.70
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> י)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Porcello, Suzanne				\$31.73
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Finance		Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/26/2024		Puster, Peter				\$50.00
	Contributor address; City; State; Zip Code					
		St. Paul, MN 55102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Quantit	ative Research	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Puster, Peter	/		(+)	\$50.00
	02,00,202					+00.00
	Contributor address; City; State; Zip Code					
		St. Paul, MN 55102				
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	Contributor address; City; State; Zip Code					
		St Doul MN 55102				
⊢	Drincipal	St. Paul, MN 55102	Employer (Cas Instruct	<u> </u>		
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	SVP Quantit	ative Research	Travelers Indemnity Co			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 55/75 Rpt: 58/79
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee (T-PAC)	00087159
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	\$36.25
	Φου.ζο
6 Contributor address; City; State; Zip Code	
Morristown, NJ 07960	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Sales Director Select Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024 Quinn, Robert	\$36.25
Contributor address; City; State; Zip Code	•
Contributor address, City, State, Zip Code	
Morristown, NJ 07960	
	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sales Director Select Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2024 Quinn, Robert	\$36.25
Contributor address; City; State; Zip Code	1
Morristown, NJ 07960	
Principal occupation / Job title (See Instructions) Employer (See Instructions	Σ
Sales Director Select Travelers Indemnity Co	
	Amount of Contribution (\$)
01/26/2024 Ramalho, Sean	\$105.29
Contributor address; City; State; Zip Code	
Melville, NY 11747	
Principal occupation / Job title (See Instructions) Employer (See Instructions	
BI Field Vice President Travelers Indemnity Co	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024 Ramalho, Sean	\$105.29
Contributor address; City; State; Zip Code	1
Melville. NY 11747	
Melville, NY 11747 Principal occupation / Job title (See Instructions) Employer (See Instructions)	3)
Principal occupation / Job title (See Instructions) Employer (See Instructions	

	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 56/75 Rpt: 59/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAG	C)		00087159	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	02/23/2024	Ramalho, Sean		/			\$105.29
		6 Contributor address; City; State; Zip Code					
		Melville, NY 11747					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	BI Field Vice	President		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Rawlings, Stacey		/		(1)	\$46.73
		Contributor address; City; State; Zip Code					
		Lancaster, PA 17601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Rawlings, Stacey					\$46.73
	Contributor address; City; State; Zip Code						
		Lancaster, PA 17601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Rawlings, Stacey					\$46.73
	Contributor address; City; State; Zip Code			1			
		Lancaster, PA 17601					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state I	PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Reimer, Raymond					\$50.00
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183	r				
1		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 57/75 Rpt: 60/79		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	02/09/2024	Reimer, Raymond				\$50.00
	02,00,212	6 Contributor address; City; State; Zip Code				400
		Continuation address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	-	f Actuary Bond & SI	Travelers Indemnity Co	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/23/2024	Reimer, Raymond	/			\$50.00
	02,20,21	Contributor address; City; State; Zip Code				400
		Culturbulur auuress, City, State, Zip Coue				
		Hartford, CT 06183				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		f Actuary Bond & SI	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:])		Amount of Contribution (\$)	
	01/26/2024	Roen, Erik			,	\$45.67
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP CIO & E	Business Intel	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Roen, Erik				\$45.67
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP CIO & E	Business Intel	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Roen, Erik				\$45.67
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP CIO & E	Business Intel	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete th	iis form.	1	Total pages Schedule A1: Sch: 58/75 Rpt: 61/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		00087159	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	01/26/2024	Rohlfing, James	()			\$40.77
	02/20/2021	6 Contributor address; City; State; Zip Code				+
		Morristown, NJ 07960				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	<u> </u> s)		
ľ	Managing Co		Travelers Indemnity Co			
⊨				<u> </u>		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	¢ 40.77
	02/09/2024	Rohlfing, James				\$40.77
		Contributor address; City; State; Zip Code				
		Morristown, NJ 07960				
		pation / Job title (See Instructions)	Employer (See Instruction			
	Managing Co	ounsel Claim	Travelers Indemnity Co			
	Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	02/23/2024	Rohlfing, James				\$40.77
		Contributor address; City; State; Zip Code				
		Morristown, NJ 07960				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Managing Co	ounsel Claim	Travelers Indemnity Co			
F	Date	Full name of contributor 🛛 out-of-state PAC ((ID#:)	Г	Amount of Contribution (\$)	
	01/26/2024	Rowland, David				\$100.00
		Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 S)		
	EVP Co-Chie	ef Investment Offcr	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC ((10#)	Т	Amount of Contribution (\$)	
	02/09/2024	Rowland, David	ID#)			\$100.00
	02/03/2024					Ψ100.00
		Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
\vdash	Dringing occu		Employer (See Instruction			
		pation / Job title (See Instructions) ef Investment Offcr	Employer (See Instruction			
L			Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/75 Rpt: 62/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	,
4	A Date S Full name of contributor Out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/23/2024			Ľ		\$100.00
	02/20/2024					\$100.00
		6 Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ		ef Investment Offcr	Travelers Indemnity Co	,		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢00.00
	01/26/2024	Ryczek, Ellen				\$69.23
		Contributor address; City; State; Zip Code				
		Hartford CT 06192				
	Dringinglaggy	Hartford, CT 06183				
		pation / Job title (See Instructions) SI Claim Ops	Employer (See Instructions	5)		
			Travelers Indemnity Co	_		
	Date	—)		Amount of Contribution (\$)	
	02/09/2024	Ryczek, Ellen				\$69.23
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		SI Claim Ops	Travelers Indemnity Co	_		
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Ryczek, Ellen				\$69.23
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Bond &	SI Claim Ops	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Schwartz, Peter				\$68.27
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	SVP&GrpGC	CorpLit &AsstCorpSec	Travelers Indemnity Co			
F			1			
I						

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 60/75 Rpt: 63/79	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
l	02/09/2024	Schwartz, Peter				\$68.27
l	•	6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Eip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	SVP&GrpGC	CCorpLit &AsstCorpSec	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/23/2024	Schwartz, Peter				\$68.27
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP&GrpGC	CCorpLit &AsstCorpSec	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	l)		Amount of Contribution (\$)	
	01/26/2024	Scudieri, Jonathan				\$52.88
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Ent Mark	et Research	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Scudieri, Jonathan				\$52.88
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Ent Mark	et Research	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>		Amount of Contribution (\$)	
	02/23/2024	Scudieri, Jonathan				\$52.88
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP Ent Mark	ket Research	Travelers Indemnity Co			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/75 Rpt: 64/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
	01/26/2024	Seaver, Vincent	/	Ι.		\$44.81
	01/20/202-1					$\psi \rightarrow 0.01$
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)		
-	VP Operation		Travelers Indemnity Co	''		
╞				I	Amount of Contribution (\$)	
	Date 02/09/2024)		Amount of Contribution (\$)	\$44.81
	02/09/2024	Seaver, Vincent				Ф44.01
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP Operation		Travelers Indemnity Co	9		
╞	•		<u> </u>	<u> </u>	1	
	Date)		Amount of Contribution (\$)	¢44.01
	02/23/2024					\$44.81
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 :)		
	VP Operation		Travelers Indemnity Co	"		
╞	•			<u> </u>	Amount of Contribution (\$)	
	Date 01/26/2024)		Amount of Contribution (\$)	\$250.00
	01/20/2024	Seminara, Nicholas				ΦΖΟ <u>Ο.</u> ΟΟ
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	-	f Claim Officer	Travelers Indemnity Co	"		
╞			-	<u> </u>	Δ	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀንደብ በበ
	02/09/2024					\$250.00
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		f Claim Officer	Travelers Indemnity Co	9		
\vdash						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/75 Rpt: 65/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	Seminara, Nicholas				\$250.00
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	EVP & Chief	Claim Officer	Travelers Indemnity Co			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Shasha, Todd				\$34.62
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr. Mging Pr	od Dir PI Marine	Travelers Indemnity Co			
	Date)		Amount of Contribution (\$)	
	02/09/2024	Shasha, Todd				\$34.62
		Contributor address; City; State; Zip Code				
	Di sinal aggi	Hartford, CT 06183		Ĺ		
		pation / Job title (See Instructions) od Dir PI Marine	Employer (See Instructions	5)		
			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0 / 00
	02/23/2024	Shasha, Todd				\$34.62
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	•	od Dir PI Marine	Travelers Indemnity Co	9		
╞				-		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$208.33
	01/20/2024					Φ 200.33
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
		novation Officer	TCI Global Services Inc			
\vdash						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/75 Rpt: 66/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	02/09/2024 Smith, Kevin			Ι.	Amount of Contribution (+)	\$208.33
	021001202-1					Ψ200.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I	Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
-		novation Officer	TCI Global Services Inc			
╞	Date	Full name of contributor out-of-state PAC (ID#:_		<u> </u>	Amount of Contribution (\$)	
	Dale 02/23/2024	Smith, Kevin)			\$208.33
	0212312024					φ200.33
	I	Contributor address; City; State; Zip Code				
	l					
	I	Hartford, CT 06183				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u> י		
	•	novation Officer	TCI Global Services Inc			
╞				<u> </u>		
	Date)		Amount of Contribution (\$)	ቀባር 10
	01/26/2024					\$85.10
	I	Contributor address; City; State; Zip Code				
	I					
	I	Saint Croix Falls, WI 54024				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> וו		
	•	ent-Field Mgmt	Travelers Indemnity Co	<i>''</i>		
╞			-	<u> </u>	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀወር 10
	02/09/2024	Smith, Richard				\$85.10
	I	Contributor address; City; State; Zip Code				
	l					
	I	Saint Croix Falls, WI 54024				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u> י		
		ent-Field Mgmt	Travelers Indemnity Co			
┝	_			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$85.10
	02/23/2024	Smith, Richard				ΦΩΟ.TO
	l	Contributor address; City; State; Zip Code				
	l					
	I	Saint Croix Falls, WI 54024				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ent-Field Mgmt	Travelers Indemnity Co)		

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 64/75 Rpt: 67/79	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		00087159	,
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
01/26/2024	Sokolowski, Colleen				\$35.96
	6 Contributor address; City; State; Zip Code				
	Hartford, CT 06183				
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
2VP Account	ing	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
02/09/2024	Sokolowski, Colleen				\$35.96
	Contributor address; City; State; Zip Code		1		
	Hartford, CT 06183				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
2VP Account	ing	Travelers Indemnity Co			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
02/23/2024	Sokolowski, Colleen				\$35.96
	Contributor address; City; State; Zip Code		1		
	Hartford, CT 06183				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
2VP Account	ing	Travelers Indemnity Co	_		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/26/2024	Spaeth, Thomas				\$50.00
	Contributor address; City; State; Zip Code		1		
	St. Paul, MN 55102		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions			
VP Fixed Inc	Portfolio Mgr	Travelers Indemnity Co	_		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/09/2024	Spaeth, Thomas				\$50.00
	Contributor address; City; State; Zip Code				
	St. Paul, MN 55102	Employ (2.1.1.1.1)			
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Portfolio Mgr	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 65/75 Rpt: 68/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		00087159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/23/2024	02/23/2024 Spaeth, Thomas				\$50.00
		6 Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Fixed Inc	c Portfolio Mgr	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Stepanishen, Kent				\$35.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP BI Prope	rty UW	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Stepanishen, Kent			•••	\$35.00
				1		
		Hartford, CT 06183				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP BI Prope	rty UW	Travelers Indemnity Co			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/23/2024	Stepanishen, Kent			- · ·	\$35.00
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP BI Prope	rty UW	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	01/26/2024	Strietelmeier, Michael			•••	\$44.71
	Contributor address; City; State; Zip Code			1		
		Hartford, CT 06183				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP RMIS		Travelers Indemnity Co			
\vdash			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/75 Rpt: 69/79	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA			00087159	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	-	7	Amount of Contribution (\$)	
	02/09/2024	Strietelmeier, Michael	/	·		\$44.71
	021001202-1			-		$\psi \tau \tau \tau \tau \pm$
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
		Hartford, CT 06183				
Ļ	Drincinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
°	VP RMIS		Travelers Indemnity Co	5)		
╘	_			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	• • • • • • •
	02/23/2024	Strietelmeier, Michael	!			\$44.71
		Contributor address; City; State; Zip Code	ļ			
	ļ					
		Hartford, CT 06183	1			
	-	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP RMIS		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Suda, Gerard				\$38.85
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Morristown, NJ 07960				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	UW Officer N	lat'l Accts	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Suda, Gerard				\$38.85
	ļ	Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ	Morristown, NJ 07960				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	UW Officer N	Jat'l Accts	Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/23/2024	Suda, Gerard			···· · · ·	\$38.85
				•		·
	Contributor address, City, State, Zip Code					
	ļ	Morristown, NJ 07960				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	ل ے ن		
	UW Officer N		Travelers Indemnity Co			
⊢						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 67/75 Rpt: 70/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		00087159	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Teitelman, David				\$43.08
		6 Contributor address; City; State; Zip Code				
		Hartford, CT 06183	r			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Managing C	ounsel	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Teitelman, David				\$43.08
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183	r			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Managing C	ounsel	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Teitelman, David				\$43.08
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183	I			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Managing C		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Tetreault, Michael				\$86.54
		Contributor address; City; State; Zip Code				
	<u> </u>	Hartford, CT 06183		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Bus Proc	ess Effctvnss UW	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Tetreault, Michael				\$86.54
	Contributor address; City; State; Zip Code					
⊢	Duine i i	Hartford, CT 06183	Employ (2) to the			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	VP BUS Proc	ess Effctvnss UW	Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/75 Rpt: 71/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-PA			00087159	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
	02/23/2024 Tetreault, Michael		·		\$86.54	
	02/20/202	6 Contributor address; City; State; Zip Code		$\left \right $		400.0
		Contributor address, City, State, Zip Code	1			
			1			
		Hartford, CT 06183	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
		cess Effctvnss UW	Travelers Indemnity Co	.,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	01/26/2024	Toczydlowski, Gregory	, İ			\$208.33
	01/20/2024			-		Ψ200.00
		Contributor address; City; State; Zip Code				
			1			
		Hartford, CT 06183	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
		Business Insurance	Travelers Indemnity Co	')		
⊨	Date)	—	Amount of Contribution (\$)	
	02/09/2024	Toczydlowski, Gregory	,			\$208.33
	021001202-1					Ψ200.00
		Contributor address; City; State; Zip Code	1			
		Hartford, CT 06183	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	上 3)		
		Business Insurance	Travelers Indemnity Co	.,		
╞	Date	Full name of contributorout-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	02/23/2024	Toczydlowski, Gregory	/			\$208.33
	0212312024					φ200.00
		Contributor address; City; State; Zip Code	1			
		Hartford, CT 06183	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ຼ ເ)		
		Business Insurance	Travelers Indemnity Co			
╞	Date			—	Amount of Contribution (\$)	
	01/26/2024	Full name of contributor out-of-state PAC (ID#: Torsiello, Anthony	/		Amount of Contribution (\$)	\$46.15
				-		Ψ 1 0.10
		Contributor address; City; State; Zip Code				
			1			
		Hartford, CT 06183				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
	VP Controlle		Travelers Indemnity Co	<i>י</i> י		
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 69/75 Rpt: 72/79	
2	FILER NAME	ER NAME			Filer ID (Ethics Commission	Filers)
		The Travelers Companies, Inc. Political Action Committee (T-PAC)			00087159	ŕ
4	Date				Amount of Contribution (\$)	
-	02/09/2024			ľ		\$46.15
	0210312024	-				Ψ40.10
		6 Contributor address; City; State; Zip Code				
		Hartford CT 06102				
Ļ	Driveland ener	Hartford, CT 06183		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Controlle	er 	Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	Torsiello, Anthony				\$46.15
	I	Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	VP Controlle	er	Travelers Indemnity Co			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	01/26/2024	Turcotte, Edward	/			\$39.42
	U1/20/202			ł		ΨΟΟ
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	2VP UW BI		Travelers Indemnity Co	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Turcotte, Edward				\$39.42
	1	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	1		
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	2VP UW BI		Travelers Indemnity Co			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	Turcotte, Edward				\$39.42
				\mathbf{I}		
		Contributor address, City, State, Zip Couc				
		Hartford, CT 06183				
\vdash	Drineinal occu		Employor (Soo Instructions	$\overline{\Gamma}$		
	2VP UW BI	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			Travelers Indemnity Co			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 70/75 Rpt: 73/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
ľ	01/26/2024	Turner, Janis	/	ľ		\$93.03
	01/20/202 .					400.00
		6 Contributor address; City; State; Zip Code	1			
			,			
		Hartford, CT 06183	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
ľ	-	g & Web Ops-Pl	Travelers Indemnity Co	<i>''</i>		ļ
⊨				—	1	
	Date	Full name of contributor out-of-state PAC (ID#:) !		Amount of Contribution (\$)	403 03
	02/09/2024	Turner, Janis	!			\$93.03
		Contributor address; City; State; Zip Code	,			
	ļ		,			
	ļ		,			
		Hartford, CT 06183		Ĺ		
	•	Ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP Markeung	g & Web Ops-PI	Travelers Indemnity Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Turner, Janis				\$93.03
	ļ	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
	ļ		,			
			,			
		Hartford, CT 06183				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	VP Marketing	g & Web Ops-Pl	Travelers Indemnity Co			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Verfurth, Charles	,			\$105.29
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		Hartford, CT 06183				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP Preside	ent Natl Property	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Verfurth, Charles				\$105.29
	Contributor address; City; State; Zip Code			1		
	Hartford, CT 06183					
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	SVP President Natl Property Travelers Indemnity Co					

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 71/75 Rpt: 74/79	
2	FILER NAME	ER NAME			Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date				Amount of Contribution (\$)	
	02/23/2024				(1)	\$105.29
	0=/=0/=0= !	6 Contributor address; City; State; Zip Code				+200.20
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ວ		
ľ		nt Natl Property	Travelers Indemnity Co	,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+==
	01/26/2024	Welch, Lawrence				\$53.46
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP UW Com	m Accts	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Welch, Lawrence				\$53.46
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP UW Com	m Accts	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	02/23/2024	Welch, Lawrence				\$53.46
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>լ </u>		
	VP UW Com		Travelers Indemnity Co	,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	¢26.02
	01/26/2024 West, Marilyn					\$36.92
	Contributor address; City; State; Zip Code					
\vdash	Deinstrad	Hartford, CT 06183				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Executive Co	Junsei	Travelers Indemnity Co			
1						
1						

	The Instrue	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 72/75 Rpt: 75/79		
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	-
4	Date				Amount of Contribution (\$)	
	02/09/2024					\$36.92
		6 Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Executive Co	ounsel	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	02/23/2024	West, Marilyn	·		•••	\$36.92
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive Co	ounsel	Travelers Indemnity Co			
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/26/2024	Westermeyer, Christopher				\$45.58
		Contributor address; City; State; Zip Code		1		
		St. Paul, MN 55102				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Actuarial	& Analytics II	Travelers Indemnity Co			
F	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/09/2024	Westermeyer, Christopher				\$45.58
		Contributor address; City; State; Zip Code				
		St. Paul, MN 55102				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Actuarial	& Analytics II	Travelers Indemnity Co			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/23/2024	Westermeyer, Christopher				\$45.58
	Contributor address; City; State; Zip Code			1		
		St. Paul, MN 55102				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Actuarial	& Analytics II	Travelers Indemnity Co	_		

	The Instrue	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 73/75 Rpt: 76/79		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	
4	Date				Amount of Contribution (\$)	
	01/26/2024				(1)	\$130.77
	01,10,101	6 Contributor address; City; State; Zip Code				+_00
		Contributor address, City, State, Zip Code				
		Hartford, CT 06183				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ		ment Relations	Travelers Indemnity Co	,		
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100 77
	02/09/2024	Westrick, Glenn				\$130.77
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Govern	ment Relations	Travelers Indemnity Co			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Westrick, Glenn				\$130.77
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	SVP Govern	ment Relations	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Woods, Mary				\$75.00
		Contributor address; City; State; Zip Code				
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		UW Officer BI	TCI Global Services Inc	·		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	\ \		Amount of Contribution (\$)	
	02/09/2024)		Amount of Contribution (\$)	\$75.00
						Ψ/ J.00
	Contributor address; City; State; Zip Code					
	Hartford, CT 06183					
⊢	Principal occu		Employer (Soo Instructions	<u> </u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
⊢	SVP & Chief UW Officer BI TCI Global Services Inc					

	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 74/75 Rpt: 77/79	
2	FILER NAME	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)					00087159	
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/23/2024						\$75.00
			nde				
		,,,,					
		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	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Wucherpfennig, James		/		/ uncunt of Contribution (+)	\$50.00
	01/20/2021	Contributor address; City; State; Zip Co					<i>400.00</i>
			Jue				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	VP Property			Travelers Indemnity Co			
⊨	Date	Full name of contributor	state PAC (ID# ⁻)		Amount of Contribution (\$)	
		Wucherpfennig, James				/ uncunt of Contribution (+)	\$50.00
	Contributor address; City; State; Zip Code						
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		;)				
	VP Property			Travelers Indemnity Co			
F	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Wucherpfennig, James					\$50.00
		Contributor address; City; State; Zip Co	ode				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Property			Travelers Indemnity Co			
	Date	Full name of contributor 🗌 out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Yin, Daniel					\$211.54
	Contributor address; City; State; Zip Code						
L		New York City, NY 10017					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP Co-Chief Investment Offcr Travelers Indemnity Co						
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 75/75 Rpt: 78/79	
2	FILER NAME	FILER NAME			Filer ID (Ethics Commission	n Filers)
	The Travelers Companies, Inc. Political Action Committee (T-PAC)				00087159	,
4	Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	02/09/2024					\$211.54
		6 Contributor address; City; State; Zip Code		1		
		New York City, NY 10017				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	EVP Co-Chie	ef Investment Offcr	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Yin, Daniel				\$211.54
		Contributor address; City; State; Zip Code				
		New York City, NY 10017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP Co-Chie	ef Investment Offcr	Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	01/26/2024	Zielinski, William				\$38.46
	Contributor address; City; State; Zip Code					
		Hartford, CT 06183				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Product	t Management PI	Travelers Indemnity Co			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/09/2024	Zielinski, William				\$38.46
		Contributor address; City; State; Zip Code		1		
		Hartford, CT 06183		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		t Management PI	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024 Zielinski, William				\$38.46	
	Contributor address; City; State; Zip Code					
⊢	Drinoinal accord	Hartford, CT 06183	Employor (Coo Instructions	<u> </u>		
1		pation / Job title (See Instructions)	Employer (See Instructions)		
⊢	SVP Product Management PI Travelers Indemnity Co					

TEXT ANNOTATION

Sch: 1/1 Rpt: 79/79

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

Filer ID (Ethics Commission Filers) 00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$26,000.00.