

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM **GPAC**
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087159	2 Total pages filed: 79
3 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square Hartford, CT 06183		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Lindsay	
	NICKNAME	LAST	SUFFIX
		Frank	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	One Tower Square Hartford, CT 06183		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	One Tower Square Hartford, CT 06183		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(860) 277-9543	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/26/2024		02/24/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 5,283.02
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,269.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200,165.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Lindsay Frank

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		18 Filer ID (Ethics Commission Filers) 00087159
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,269.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/75 Rpt: 4/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$83.65
8 Principal occupation / Job title (See Instructions) VP BI Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code Columbus, WI 53925	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code Columbus, WI 53925	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/75 Rpt: 5/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica	7 Amount of Contribution (\$) \$36.54
	6 Contributor address; City; State; Zip Code Columbus, WI 53925	
8 Principal occupation / Job title (See Instructions) AVP Government Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent	Amount of Contribution (\$) \$138.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Claim Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent	Amount of Contribution (\$) \$138.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Claim Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentano, Vincent	Amount of Contribution (\$) \$138.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Claim Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/75 Rpt: 6/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda	Amount of Contribution (\$) \$67.79
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda	Amount of Contribution (\$) \$67.79
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda	Amount of Contribution (\$) \$67.79
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/75 Rpt: 7/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly	7 Amount of Contribution (\$) \$36.54
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP Financial Analysis		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly	Amount of Contribution (\$) \$36.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly	Amount of Contribution (\$) \$36.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/75 Rpt: 8/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89113	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code Westerly, RI 02891	Amount of Contribution (\$) \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/75 Rpt: 9/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott	7 Amount of Contribution (\$) \$167.69
	6 Contributor address; City; State; Zip Code Westerly, RI 02891	
8 Principal occupation / Job title (See Instructions) SVP Reinsurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott	Amount of Contribution (\$) \$167.69
	Contributor address; City; State; Zip Code Westerly, RI 02891	
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael	Amount of Contribution (\$) \$38.46
	Contributor address; City; State; Zip Code Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael	Amount of Contribution (\$) \$38.46
	Contributor address; City; State; Zip Code Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael	Amount of Contribution (\$) \$38.46
	Contributor address; City; State; Zip Code Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/75 Rpt: 10/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy	7 Amount of Contribution (\$) \$269.23
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy	Amount of Contribution (\$) \$269.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy	Amount of Contribution (\$) \$269.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana	Amount of Contribution (\$) \$140.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana	Amount of Contribution (\$) \$140.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/75 Rpt: 12/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$38.85
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.85
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$59.42
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/75 Rpt: 13/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06120	7 Amount of Contribution (\$) \$45.58
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06120	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.54
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/75 Rpt: 14/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.54
8 Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/75 Rpt: 15/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$46.54
8 Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.54
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$79.33
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$79.33
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$79.33
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/75 Rpt: 16/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, William	7 Amount of Contribution (\$) \$108.17
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, William	Amount of Contribution (\$) \$108.17
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, William	Amount of Contribution (\$) \$108.17
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Business Capabilities BI		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori	Amount of Contribution (\$) \$43.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori	Amount of Contribution (\$) \$43.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/75 Rpt: 17/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori	7 Amount of Contribution (\$) \$43.27
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) Executive Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara	Amount of Contribution (\$) \$52.88
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/75 Rpt: 18/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$52.88
8 Principal occupation / Job title (See Instructions) VP HR - Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$115.38
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/75 Rpt: 19/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel	7 Amount of Contribution (\$) \$208.33
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel	Amount of Contribution (\$) \$208.33
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel	Amount of Contribution (\$) \$208.33
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen	Amount of Contribution (\$) \$87.65
	Contributor address; City; State; Zip Code Washington, DC 20005	
Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen	Amount of Contribution (\$) \$87.65
	Contributor address; City; State; Zip Code Washington, DC 20005	
Principal occupation / Job title (See Instructions) VP Int'l External Affairs		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/75 Rpt: 20/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Stephen <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20005	7 Amount of Contribution (\$) \$87.65
8 Principal occupation / Job title (See Instructions) VP Int'l External Affairs		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/75 Rpt: 21/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$51.92
8 Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$51.92
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.60
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.60
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$37.60
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/75 Rpt: 22/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$43.85
8 Principal occupation / Job title (See Instructions) VP Human Resources		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.85
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$43.85
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$82.69
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$82.69
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/75 Rpt: 24/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff	7 Amount of Contribution (\$) \$32.88
6 Contributor address; City; State; Zip Code Chicago, IL 60601		
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Jeff	Amount of Contribution (\$) \$32.88
Contributor address; City; State; Zip Code Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/75 Rpt: 25/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$47.12
8 Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code Brookfield, WI 53005	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/75 Rpt: 26/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John	7 Amount of Contribution (\$) \$31.25
	6 Contributor address; City; State; Zip Code Brookfield, WI 53005	
8 Principal occupation / Job title (See Instructions) Sr Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas	Amount of Contribution (\$) \$39.04
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/75 Rpt: 27/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas	7 Amount of Contribution (\$) \$39.04
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas	Amount of Contribution (\$) \$39.04
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heard, Peter	Amount of Contribution (\$) \$153.85
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heard, Peter	Amount of Contribution (\$) \$153.85
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heard, Peter	Amount of Contribution (\$) \$153.85
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/75 Rpt: 28/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles	7 Amount of Contribution (\$) \$36.96
	6 Contributor address; City; State; Zip Code Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions) UW Officer National Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles	Amount of Contribution (\$) \$36.96
	Contributor address; City; State; Zip Code Richardson, TX 75081	
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles	Amount of Contribution (\$) \$36.96
	Contributor address; City; State; Zip Code Richardson, TX 75081	
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter	Amount of Contribution (\$) \$76.92
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter	Amount of Contribution (\$) \$76.92
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/75 Rpt: 29/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$76.92
8 Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$83.65
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/75 Rpt: 30/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William	7 Amount of Contribution (\$) \$288.46
	6 Contributor address; City; State; Zip Code New York City, NY 10017	
8 Principal occupation / Job title (See Instructions) Vice Chairman		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William	Amount of Contribution (\$) \$288.46
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Lorrie	Amount of Contribution (\$) \$43.65
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Lorrie	Amount of Contribution (\$) \$43.65
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Lorrie	Amount of Contribution (\$) \$43.65
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/75 Rpt: 31/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$221.15
8 Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/75 Rpt: 33/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$40.38
8 Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/75 Rpt: 34/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	7 Amount of Contribution (\$) \$53.85
	6 Contributor address; City; State; Zip Code Charlotte, NC 28226	
8 Principal occupation / Job title (See Instructions) BI Field Vice President		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code Charlotte, NC 28226	
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code Charlotte, NC 28226	
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/75 Rpt: 35/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$182.69
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/75 Rpt: 36/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine	7 Amount of Contribution (\$) \$182.69
6 Contributor address; City; State; Zip Code St. Paul, MN 55102		
8 Principal occupation / Job title (See Instructions) EVP & General Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine	Amount of Contribution (\$) \$182.69
Contributor address; City; State; Zip Code St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/75 Rpt: 37/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Product		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick	Amount of Contribution (\$) \$182.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick	Amount of Contribution (\$) \$182.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/75 Rpt: 38/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick	7 Amount of Contribution (\$) \$182.69
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia	Amount of Contribution (\$) \$44.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia	Amount of Contribution (\$) \$44.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia	Amount of Contribution (\$) \$44.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/75 Rpt: 39/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$53.85
8 Principal occupation / Job title (See Instructions) VP Alternative Invesments		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/75 Rpt: 40/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$307.69
8 Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$121.15
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$121.15
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/75 Rpt: 41/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert	7 Amount of Contribution (\$) \$121.15
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP Risk Control		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$83.65
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$83.65
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney	Amount of Contribution (\$) \$83.65
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code St. Louis, MO 63146		
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/75 Rpt: 42/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63146	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RVP Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/75 Rpt: 43/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond	7 Amount of Contribution (\$) \$38.08
	6 Contributor address; City; State; Zip Code Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond	Amount of Contribution (\$) \$38.08
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond	Amount of Contribution (\$) \$38.08
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick	Amount of Contribution (\$) \$148.08
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick	Amount of Contribution (\$) \$148.08
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/75 Rpt: 44/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick	7 Amount of Contribution (\$) \$148.08
	6 Contributor address; City; State; Zip Code New York City, NY 10017	
8 Principal occupation / Job title (See Instructions) SVP Corporate Communications		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/75 Rpt: 45/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) VP HD of FI Research		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$148.08
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$84.62
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malugen, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$84.62
Principal occupation / Job title (See Instructions) EVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/75 Rpt: 46/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$57.69
8 Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/75 Rpt: 47/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard	7 Amount of Contribution (\$) \$38.46
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP National Markets		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael	Amount of Contribution (\$) \$38.65
	Contributor address; City; State; Zip Code Windsor, CT 06095	
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/75 Rpt: 48/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> 6 Contributor address; City; State; Zip Code Windsor, CT 06095	7 Amount of Contribution (\$) \$38.65
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.65
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/75 Rpt: 49/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) Group General Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John	Amount of Contribution (\$) \$72.12
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John	Amount of Contribution (\$) \$72.12
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/75 Rpt: 50/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$72.12
8 Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$126.15
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/75 Rpt: 51/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> 6 Contributor address; City; State; Zip Code Centennial, CO 80112	7 Amount of Contribution (\$) \$61.15
8 Principal occupation / Job title (See Instructions) RVP SRG		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.75
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.75
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.75
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/75 Rpt: 52/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroski, Jeffery <hr/> Contributor address; City; State; Zip Code Waukesha, WI 53188	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP BI Casualty UW		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroski, Jeffery <hr/> Contributor address; City; State; Zip Code Waukesha, WI 53188	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP BI Casualty UW		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/75 Rpt: 54/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$39.42
8 Principal occupation / Job title (See Instructions) 2VP Data Management		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$39.42
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/75 Rpt: 55/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$288.46
8 Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		9 Employer (See Instructions) TCI Global Services Inc
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30005	Amount of Contribution (\$) \$41.35
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/75 Rpt: 56/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher	7 Amount of Contribution (\$) \$41.35
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions) RVP Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy	Amount of Contribution (\$) \$37.31
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy	Amount of Contribution (\$) \$37.31
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy	Amount of Contribution (\$) \$37.31
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne	Amount of Contribution (\$) \$31.73
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/75 Rpt: 57/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne	7 Amount of Contribution (\$) \$31.73
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Finance		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne	Amount of Contribution (\$) \$31.73
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puster, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/75 Rpt: 59/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> 6 Contributor address; City; State; Zip Code Melville, NY 11747	7 Amount of Contribution (\$) \$105.29
8 Principal occupation / Job title (See Instructions) BI Field Vice President		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$46.73
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/75 Rpt: 60/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/75 Rpt: 61/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> 6 Contributor address; City; State; Zip Code Morristown, NJ 07960	7 Amount of Contribution (\$) \$40.77
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/75 Rpt: 62/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$69.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$69.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$69.23
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$68.27
8 Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Peter <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$68.27
Principal occupation / Job title (See Instructions) SVP&GrpGCCorpLit &AsstCorpSec		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/75 Rpt: 64/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$44.81
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$44.81
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/75 Rpt: 65/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd	Amount of Contribution (\$) \$34.62
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin	Amount of Contribution (\$) \$208.33
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/75 Rpt: 66/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$208.33
8 Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		9 Employer (See Instructions) TCI Global Services Inc
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024	Amount of Contribution (\$) \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/75 Rpt: 67/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$35.96
8 Principal occupation / Job title (See Instructions) 2VP Accounting		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/75 Rpt: 68/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael	Amount of Contribution (\$) \$44.71
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/75 Rpt: 69/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael	7 Amount of Contribution (\$) \$44.71
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions) VP RMIS		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael	Amount of Contribution (\$) \$44.71
Contributor address; City; State; Zip Code Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard	Amount of Contribution (\$) \$38.85
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard	Amount of Contribution (\$) \$38.85
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard	Amount of Contribution (\$) \$38.85
Contributor address; City; State; Zip Code Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/75 Rpt: 70/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David	7 Amount of Contribution (\$) \$43.08
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David	Amount of Contribution (\$) \$43.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David	Amount of Contribution (\$) \$43.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/75 Rpt: 71/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$86.54
8 Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/75 Rpt: 72/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony	7 Amount of Contribution (\$) \$46.15
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Controller		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony	Amount of Contribution (\$) \$46.15
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward	Amount of Contribution (\$) \$39.42
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/75 Rpt: 73/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$93.03
8 Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/75 Rpt: 74/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles	7 Amount of Contribution (\$) \$105.29
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP President Natl Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence	Amount of Contribution (\$) \$53.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence	Amount of Contribution (\$) \$53.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence	Amount of Contribution (\$) \$53.46
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Marilyn	Amount of Contribution (\$) \$36.92
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/75 Rpt: 75/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$36.92
8 Principal occupation / Job title (See Instructions) Executive Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Marilyn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$36.92
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$45.58
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/75 Rpt: 76/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$130.77
8 Principal occupation / Job title (See Instructions) SVP Government Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$130.77
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$130.77
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/75 Rpt: 77/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06183	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		9 Employer (See Instructions) TCI Global Services Inc
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/75 Rpt: 78/79
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> 6 Contributor address; City; State; Zip Code New York City, NY 10017	7 Amount of Contribution (\$) \$211.54
8 Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

TEXT ANNOTATION

Sch: 1/1 Rpt: 79/79

FILER NAME

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

Filer ID (Ethics Commission Filers)

00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

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