FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 308 00087159 3 COMMITTEE NAME **OFFICE USE ONLY** The Travelers Companies, Inc. Political Action Committee (T-PAC) Date Received **ELECTRONICALLY FILED** 07/11/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** One Tower Square Date Hand-delivered or Date Postmarked Change of Address Hartford, CT 06183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lindsay NAME NICKNAME LAST **SUFFIX** Frank STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** One Tower Square STREET **ADDRESS** (Residence or Business) Hartford, CT 06183 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** One Tower Square MAILING **ADDRESS** Hartford, CT 06183 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (860) 277-9543 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
The Travelers Companies, Inc. Political Action	on Committee (T-PAC)	00087159	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and location of election and nature of issue)			
	B. Opposed		
Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
TOTALS PLEDGES, LOANS CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	4,942.81
	AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	107,364.23
EXPENDITURE 3. TOTAL UNITEMIZE TOTALS	ED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLITIC	AL EXPENDITURES	\$	0.00
CONTRIBUTION 5. TOTAL POLITICAL OF THE REPORTI	. CONTRIBUTIONS MAINTAINED AS OF THE LAST I NG PERIOD	DAY \$	220,021.42
	_ AMOUNT OF ALL OUTSTANDING LOANS AS OF T EREPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		<u> </u>	
	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
	Ms. Linds	say Frank	
	Signature of Car	npaign Treasur	rer
AFFIX NOTARY STAMP / SEAL ABOVE	≣		
	, th	is the	day
of, 20, to certif	which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 30	18
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)	
The Trav	elers Companies, Inc. Political Action Committee (T-PAC)	00087159		
	E SUBTOTALS SCHEDULE	•	SUBTOTAL AMOUNT	Γ
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 105,256	6.23
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7. X	\$ 2,10	8.00		
8.	\$			
9.	\$			
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/303 Rpt: 4/308	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
8	Principal occu VP BI Opera	Hartford, CT 06183 pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out- Abrahms, Nathaniel Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
	Principal occu VP BI Opera	Hartford, CT 06183 pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/05/2024	Full name of contributor out- Abrahms, Nathaniel Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	j 5)		
VP BI Operatio			of-state PAC (ID#:)		Amount of Contribution (\$)	\$87.98
	Principal occu VP BI Opera	Hartford, CT 06183 pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	j 5)		
	Date 05/03/2024		of-state PAC (ID#:			Amount of Contribution (\$)	\$87.98
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	s)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/303 Rpt: 5/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor Abrahms, Nathaniel	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$87.98
_	Dringing aggr	Hartford, CT 06183	lo-	Employer (Coo Instructions	<u>, </u>		
8	VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183					
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183					
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
Date 06/28/2024		Full name of contributor Abrahms, Nathaniel Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$87.98
	•	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	VP BI Operations Travelers Indemnity Co Date O3/08/2024 Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$20.00		
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	Group Gene	ral Counsel - International	<u> </u>	TOT GIODAI SETVICES ITIC			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/303 Rpt: 6/308		
2	FILER NAME				3	•	Filers)	
		rs Companies, Inc. Political A		C)	┸	00087159		
4	Date 03/22/2024	5 Full name of contributor Agrawal, Kamal6 Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions		Employer (See Instruction				
0		ral Counsel - International)	TCI Global Services In				
	Date 04/05/2024	Full name of contributor Agrawal, Kamal Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Hartford, CT 06183						
		pation / Job title (See Instructions	3)	Employer (See Instruction				
	<u> </u>		TCI Global Services In	С —				
Date Full name of contributor out-of-state PAC (ID: 04/19/2024 Agrawal, Kamal Contributor address; City; State; Zip Code		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00		
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruction	l ıs)			
			,	TCI Global Services In	-			
Group General Counsel - International Date Full name of contributor out-of-state PAC 05/03/2024 Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00		
	•	pation / Job title (See Instructions	3)	Employer (See Instruction				
	Group Gene	ral Counsel - International		TCI Global Services In	С			
	Date Full name of contributor out-of-state PAC (ID#:) 05/17/2024 Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$20.00			
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instruction	ıs)			
	Group Gene	ral Counsel - International		TCI Global Services In	С			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/303 Rpt: 7/308		
2	FILER NAME	ro Commonico Inc. Delitical Ac	stian Committee (T.DA)	2)	3	Filer ID (Ethics Commission	r Filers)	
		rs Companies, Inc. Political Ad		~) 	┖	00087159		
4	Date 06/14/2024	5 Full name of contributor Agrawal, Kamal6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00	
g	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	y [Employer (See Instructions				
0		ral Counsel - International	,	TCI Global Services Inc				
	Date 06/28/2024	Full name of contributor Agrawal, Kamal Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Hartford, CT 06183	1					
		pation / Job title (See Instructions)	Employer (See Instructions				
			TCI Global Services Inc	;				
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$36.54			
		Columbus, WI 53925						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	2) 			
		ment Relations	,	Travelers Indemnity Co				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)		
03/22/2024		Alanis, Jessica Contributor address; City; St Columbus, WI 53925	ate; Zip Code				\$36.54	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	AVP Govern	ment Relations		Travelers Indemnity Co				
	Date 04/05/2024	Full name of contributor Alanis, Jessica Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$36.54	
		Columbus, WI 53925	, 1					
		pation / Job title (See Instructions)	Employer (See Instructions				
	AVP Govern	ment Relations		Travelers Indemnity Co				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/303 Rpt: 8/308		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	The Traveler	s Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159		
4	Date 04/19/2024	5 Full name of contributor Alanis, Jessica6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46	
		Columbus, WI 53925						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	AVP Govern	ment Relations		Travelers Indemnity Co				
	Date 05/03/2024	Full name of contributor Alanis, Jessica Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$38.46	
		Columbus, WI 53925						
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	AVP Govern	ment Relations		Travelers Indemnity Co				
Date Full name of contributor out-of-state PAC (ID#: 05/17/2024 Alanis, Jessica Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.46			
		Columbus, WI 53925						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
				Travelers Indemnity Co				
AVP Government Relations Date Full name of contributor out-of-state PAC 05/31/2024 Alanis, Jessica Contributor address; City; State; Zip Code Columbus, WI 53925		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	AVP Govern	ment Relations		Travelers Indemnity Co				
			•	Amount of Contribution (\$)	\$38.46			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	AVP Govern	ment Relations		Travelers Indemnity Co				

	MONET	ARY POLITICAL CONTR	RIBUTION	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 6/303 Rpt: 9/308		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)	
4	Date 06/28/2024	· — —	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46	
_	Deire sin al acces	Columbus, WI 53925	- la	Faralassa (Caralassa taratica)	<u></u>			
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co				
	Date 03/08/2024	Full name of contributor out-of-st Armentano, Vincent Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$138.46	
	Dringing Lagra	Hartford, CT 06183		Frankrian (Can Instructions	<u></u>			
	SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)			
Date Full name of contributor out-of-state PAC (ID#: O3/22/2024 Armentano, Vincent Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$138.46			
		Hartford, CT 06183						
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 04/05/2024	Armentano, Vincent				Amount of Contribution (\$)	\$138.46	
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 04/19/2024	Armentano, Vincent	tate PAC (ID#:)		Amount of Contribution (\$)	\$138.46	
	Principal occu SVP Claim E	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)			
	ST. Claim L							

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 7/303 Rpt: 10/308	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	Armentano, Vincent	state PAC (ID#:)	7	Amount of Contribution (\$)	\$138.46
8		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 05/17/2024		state PAC (ID#:	Travelers Indemnity Co		Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim E	Hartford, CT 06183 pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Armentano, Vincent Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$138.46		
	•	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	5)		
06/14/2024 Armentano, Vincent		state PAC (ID#:	Travelers Indemnity Co		Amount of Contribution (\$)	\$138.46	
	Principal occu SVP Claim E	Hartford, CT 06183 pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Armentano, Vincent	state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
	Principal occu SVP Claim E	pation / Job title (See Instructions) Business Ins		Employer (See Instructions Travelers Indemnity Co)		
			'				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 8/303 Rpt: 11/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	Atkinson, Jerald	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
Q	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
<u> </u>	2VP UW Nat			Travelers Indemnity Co	·)		
	Date 03/22/2024	Full name of contributor our Atkinson, Jerald Contributor address; City; State; Zip				Amount of Contribution (\$)	\$35.00
	Delicalization	Hartford, CT 06183		Farabasa (Osabasa)	Ĺ		
	2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 04/05/2024 Atkinson, Jerald Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out Atkinson, Jerald Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	•	. ,			5)		
	Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property Full name of contributor out-of-state PAC (ID#:) Atkinson, Jerald Contributor address; City; State; Zip Code Hartford, CT 06183		Amount of Contribution (\$)	\$35.00			
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE A1		
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 9/303 Rpt: 12/308		
2	FILER NAME The Traveler	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)	
4	Date 05/17/2024	Atkinson, Jerald	-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00	
_	Dringing agg	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>			
0	2VP UW Nat	pation / Job title (See Instructions) t'l Property	9	Employer (See Instructions Travelers Indemnity Co	»)			
	Date 06/14/2024	Full name of contributor out-of- Atkinson, Jerald Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$35.00	
		Hartford, CT 06183						
	2VP UW Nat'l Property Travelers Indemni		Employer (See Instructions Travelers Indemnity Co	5)				
	Date Full name of contributor out-of-state PAC (ID#: 06/28/2024 Atkinson, Jerald Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00	
		Hartford, CT 06183						
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) 'I Property		Employer (See Instructions Travelers Indemnity Co	s)			
Date 03/08/2024		Atkinson, Lynda	-state PAC (ID#: ode			Amount of Contribution (\$)	\$67.79	
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	<u> </u>			
	Date 03/22/2024		-state PAC (ID#:)		Amount of Contribution (\$)	\$67.79	
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)			
	TAL COUST	-потуу « манне		Travelers indefinitly CO				

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 10/303 Rpt: 13/308	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	C)			00087159	
4	Date 04/05/2024	5 Full name of contributor Atkinson, Lynda6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050						
8		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	RVP Const E	Energy & Marine			Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Atkinson, Lynda Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$67.79
		Phoenix, AZ 85050						
		pation / Job title (See Instructions	3)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#: 05/03/2024 Atkinson, Lynda Contributor address; City; State; Zip Code				Travelers Indemnity Co			
)		Amount of Contribution (\$)	\$58.30	
		Phoenix, AZ 85050						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions)		
	RVP Const E	Energy & Marine		-	Travelers Indemnity Co			
Date Full name of contributor out-of-state PAC O5/17/2024 Atkinson, Lynda Contributor address; City; State; Zip Code Phoenix, AZ 85050		out-of-state PAC (ID#:				Amount of Contribution (\$)	\$54.23	
	Principal occu	pation / Job title (See Instructions	3)	ı	Employer (See Instructions)		
	RVP Const E	Energy & Marine		-	Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Atkinson, Lynda Contributor address; City; State; Zip Code Phoenix, AZ 85050			Amount of Contribution (\$)	\$79.40			
	Principal occu	pation / Job title (See Instructions	3)	ı	Employer (See Instructions)		
	RVP Const E	Energy & Marine		-	Travelers Indemnity Co			
				•				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 11/303 Rpt: 14/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-s	state PAC (ID#:		7	Amount of Contribution (\$)	\$70.96
_		Phoenix, AZ 85050					
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Atkinson, Lynda Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$70.96
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		Energy & Marine		Travelers Indemnity Co	,		
	Date 03/08/2024	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$36.54
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-s Baghdassarian, Holly Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$36.54
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 12/303 Rpt: 15/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	5 Full name of contributor out-of-st Baghdassarian, Holly	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$44.23
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	2VP Financia			Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-st Baghdassarian, Holly Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$44.23
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-st Baghdassarian, Holly Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$44.23
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Baghdassarian, Holly				Amount of Contribution (\$)	\$44.23
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-st Baghdassarian, Holly Contributor address; City; State; Zip Cod Hartford, CT 06183	ate PAC (ID#:)		Amount of Contribution (\$)	\$44.23
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 13/303 Rpt: 16/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	5 Full name of contributor ou Baghdassarian, Holly	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$44.23
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	lo lo	Employer (See Instructions			
•	2VP Financia			Travelers Indemnity Co	')		
	Date 03/08/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zi				Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 03/22/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zi Las Vegas, NV 89113	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zi Las Vegas, NV 89113	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 14/303 Rpt: 17/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	5 Full name of contributor ou Balady, Michele	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113	1				
8	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/17/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zij				Amount of Contribution (\$)	\$75.00
	Principal occu	Las Vegas, NV 89113 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Gov't Rel			Travelers Indemnity Co	')		
	Date 05/31/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor ou Dalady, Michele Contributor address; City; State; Zip Las Vegas, NV 89113	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor ou Balady, Michele Contributor address; City; State; Zip Las Vegas, NV 89113	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 15/303 Rpt: 18/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	5 Full name of contributor out-	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8	2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 03/22/2024	Full name of contributor out- Beaudoin, Robert Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out- Beaudoin, Robert Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Beaudoin, Robert	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out- Beaudoin, Robert Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 16/303 Rpt: 19/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor out-of-state Beaudoin, Robert Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Delicalization	Hartford, CT 06183	lo lo	Formula (On a london etimore)			
8	2VP Regulat	pation / Job title (See Instructions) cory Affairs	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor	-			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Hartford, CT 06183		Franks von (Coo Instructions	<u></u>		
	2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state Beaudoin, Robert Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu 2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Belden, Scott	PAC (ID#:)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2						

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 17/303 Rpt: 20/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$167.69
8	Principal occu SVP Reinsur	Westerly, RI 02891 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$167.69
	•	Westerly, RI 02891 pation / Job title (See Instructions)		Employer (See Instructions	-		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#		Travelers Indemnity Co	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	-		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID# Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891			•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/303 Rpt: 21/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-state PAC (ID#: Belden, Scott 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$167.69
8	Principal occu	Westerly, RI 02891 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	SVP Reinsu	i i i i i i i i i i i i i i i i i i i	Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Belden, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$167.69
	Principal occu	Westerly, RI 02891 upation / Job title (See Instructions)	Employer (See Instructions)		
	SVP Reinsu	rance	Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#: Bencini, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.46
		Buffalo, NY 14202				
	Principal occu 2VP Claim M	pation / Job title (See Instructions) //gmt	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202			Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions) //gmt	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202)		Amount of Contribution (\$)	\$38.46
	Principal occu 2VP Claim M	upation / Job title (See Instructions) /Igmt	Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓIONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 19/303 Rpt: 22/308	
2	FILER NAME	rs Companies, Inc. Political Action Committee (T	Γ-PΔC)	3	Filer ID (Ethics Commission 00087159	ı Filers)
_				_		
4	Date 04/19/2024	Bencini, Michael		ľ	Amount of Contribution (\$)	\$42.31
		6 Contributor address; City; State; Zip Code Buffalo, NY 14202				
_	Dringing coou		9 Employer (See Instructions	·/ 		
•	2VP Claim M	pation / Job title (See Instructions) Igmt	Travelers Indemnity Co	·)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/03/2024	Bencini, Michael				\$42.31
		Contributor address; City; State; Zip Code				
		Buffalo, NY 14202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Claim M	1gmt	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2024	Bencini, Michael				\$42.31
		Contributor address; City; State; Zip Code				
		Buffalo, NY 14202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Claim M	1gmt	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#·)	Г	Amount of Contribution (\$)	
	05/31/2024	Bencini, Michael			(.,	\$42.31
						, -
		Continuator address, Oity, State, 21p Code				
		Buffalo, NY 14202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	2VP Claim M	lgmt	Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID#·)	Π	Amount of Contribution (\$)	
	06/14/2024	Bencini, Michael			ranount of Contribution (¢)	\$42.31
	00/11/101	Contributor address; City; State; Zip Code				¥
		Continuation address, City, State, Zip Code				
		Buffalo, NY 14202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	2VP Claim M	'	Travelers Indemnity Co	,		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 20/303 Rpt: 23/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (In Bencini, Michael 6 Contributor address; City; State; Zip Code	ID#:)	7	Amount of Contribution (\$)	\$42.31
	Dringing agg	Buffalo, NY 14202	lo.	Employer (See Instructions	<u></u>		
8	2VP Claim M	pation / Job title (See Instructions) Igmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (I Bessette, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$269.23
	<u> </u>	Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (I Bessette, Andy Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$269.23
		Hartford, CT 06183					
		pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (I Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
	•	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (I Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
	•	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 21/303 Rpt: 24/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$269.23
	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	<u>,,</u>		
0		pation / Job title (See Instructions) ief Admin Officer	9	Travelers Indemnity Co	»)		
	Date 05/17/2024	Full name of contributor			•	Amount of Contribution (\$)	\$269.23
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	<u></u>		
	·	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code	.C (ID#:)	•	Amount of Contribution (\$)	\$269.23
		Hartford, CT 06183					
		pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
		pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PA Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
	·	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 22/303 Rpt: 25/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Alpharetta, GA 30005	I _a	5 1 (0 1 1 1	_		
8	RVP Const E	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor on Bobeng, Gregory Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Alpharetta, GA 30005		Frankrick (Cook lands with an	_		
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor on Bobeng, Gregory Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Alpharetta, GA 30005					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	()		
	Date 04/19/2024	Full name of contributor on the subsets of contributor address; City; State; Zing Alpharetta, GA 30005	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor on Bobeng, Gregory Contributor address; City; State; Zin Alpharetta, GA 30005	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	TOTAL COLLECT	Literary & Manife		Travelers indefinity CO			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 23/303 Rpt: 26/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	Bobeng, Gregory	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_		Alpharetta, GA 30005			_		
8	RVP Const E	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 06/14/2024	Full name of contributor on Bobeng, Gregory Contributor address; City; State; Z)		Amount of Contribution (\$)	\$25.00
	Principal occu	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	Energy & Marine		Travelers Indemnity Co	,		
	Date 06/28/2024	Full name of contributor on Bobeng, Gregory Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Alpharetta, GA 30005					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Brown, Urana)		Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor on Brown, Urana Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	OVI & OTHER						

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 24/303 Rpt: 27/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID Brown, Urana 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$140.38
_	Deire die alle access	Hartford, CT 06183	٦,	Fanda and Good backwaith an			
8		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$140.38
	Deireciant	Hartford, CT 06183		Fanda an (Carlos basharitana			
	•	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$140.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions) i Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID Brown, Urana Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	s)		
	21. & 0.1101						

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 25/303 Rpt: 28/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	 Full name of contributor out-of-state PAC (I Brown, Urana Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$140.38
	Dringing! goog	Hartford, CT 06183	ام	Employer (See Instructions	<u>,,</u>		
0		pation / Job title (See Instructions) Information Ofcr	9	Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (I Brown, Urana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$140.38
	Deirectional	Hartford, CT 06183		Fanda and (Cara Instructions			
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (I Bruder, Eric Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$64.42
		Hartford, CT 06183					
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (I Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$64.42
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (I Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$64.42
	Principal occu	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
		25.12 & 51					

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 26/303 Rpt: 29/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Actio	on Committee (T-PAC)			00087159	
4	Date 04/19/2024	5 Full name of contributorBruder, Eric6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	SVP & CFO			Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor Bruder, Eric Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183	1				
	Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI			Employer (See Instructions)		
	SVP & CFO	Bong & Si		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Bruder, Eric Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & CFO	Bond & SI		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Bruder, Eric Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$66.35
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & CFO	Bond & SI		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Bruder, Eric Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$66.35
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & CFO	Bond & SI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 27/303 Rpt: 30/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$66.35
_		Hartford, CT 06183	- Ia	5 1 (0 1 1 1	<u></u>		
8	SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out- Campbell, Laura Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$38.85
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	·	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out- Campbell, Laura Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$38.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Campbell, Laura				Amount of Contribution (\$)	\$38.85
	•	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Campbell, Laura	of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.81
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		.5. 25.45.44					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/303 Rpt: 31/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Campbell, Laura 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$39.81
8	Principal occu	Hartford, CT 06183	Employer (See Instructions			
•		Prod Dev&Strat	Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$39.81
	Dringing	Hartford, CT 06183	Franks var (Caa kastrustiana			
		pation / Job title (See Instructions) Prod Dev&Strat	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183				
		pation / Job title (See Instructions) Prod Dev&Strat	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.81
	•	pation / Job title (See Instructions) Prod Dev&Strat	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$39.81
		upation / Job title (See Instructions) Prod Dev&Strat	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 29/303 Rpt: 32/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$59.42
_	Deinsinal	Hartford, CT 06183		Faralassa (Osas lastassatis as			
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	S) 		
	Date 03/22/2024	Full name of contributor out-of-state PAC Carr, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Carr, Daniel Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$59.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) Al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Actualia	a. c. r. mary noo		Travelers indefinitly CO			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 30/303 Rpt: 33/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)			00087159	
4	Date 05/17/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Carr, Daniel Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics			Employer (See Instructions	5)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Carr, Daniel Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Carr, Daniel Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.87
		pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Checkosky, Robert Contributor address; City; State; Hartford, CT 06120	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 31/303 Rpt: 34/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	5 Full name of contributor ou Out	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$45.58
_		Hartford, CT 06120	<u></u>				
8		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi				Amount of Contribution (\$)	\$45.58
		Hartford, CT 06120					
		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Checkosky, Robert Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$47.12
	•	Hartford, CT 06120 pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 05/17/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi Hartford, CT 06120	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 32/303 Rpt: 35/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	5 Full name of contributor out-of-state F)	7	Amount of Contribution (\$)	\$47.12
_		Hartford, CT 06120	la la	5 1 (0 1 : :			
8		pation / Job title (See Instructions) & BI Fld Sls & Dst	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state F Checkosky, Robert Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120			_		
		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state F Checkosky, Robert Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state F Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183	-		-	Amount of Contribution (\$)	\$36.54
		pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state F Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$36.54
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	2 20 .pi		L_				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/303 Rpt: 36/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Coltea, Claudiu Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$36.54
_	<u> </u>	Hartford, CT 06183				
8		pation / Job title (See Instructions) rise Cust Exprnce	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Coltea, Claudiu Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183	Employer (See Instructions			
		rise Cust Exprnce	Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Coltea, Claudiu Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183				
	•	pation / Job title (See Instructions) rise Cust Exprnce	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Coltea, Claudiu Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183	Employer (See Instructions)		
	SVP Enterpr	rise Cust Exprnce	Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#: Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$38.46
		ipation / Job title (See Instructions) rise Cust Exprnce	Employer (See Instructions Travelers Indemnity Co)		
			· · · · · · · · · · · · · · · · · · ·			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 34/303 Rpt: 37/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
0	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ise Cust Exprnce	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of Coltea, Claudiu Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183		5 1 (0 1 : "	<u></u>		
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of Connaughton, Joseph Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of Connaughton, Joseph Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of Connaughton, Joseph Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 35/303 Rpt: 38/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u></u>		
8		nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (IE Connaughton, Joseph Contributor address; City; State; Zip Code)#:			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183	_		_		
		pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (IE Connaughton, Joseph Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) nental Coverage SRG		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (IE Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)		Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 03/22/2024	Full name of contributor out-of-state PAC (IECOsta, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)		Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 000.						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/303 Rpt: 39/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Lees Summit, MO 64081				
8	UW Officer S	pation / Job title (See Instructions) Select	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Lees Summit, MO 64081 spation / Job title (See Instructions)	Employer (See Instructions			
	UW Officer S		Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Lees Summit, MO 64081				
	Principal occu UW Officer S	pation / Job title (See Instructions) Select	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Costa, James Contributor address; City; State; Zip Code Lees Summit, MO 64081)		Amount of Contribution (\$)	\$25.00
	Principal occu UW Officer S	ipation / Job title (See Instructions) Select	Employer (See Instructions Travelers Indemnity Co)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/303 Rpt: 40/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	C)		00087159	
4	Date 06/28/2024	5 Full name of contributor Costa, James6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Lees Summit, MO 64081					
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	;) 		
	UW Officer S		,	Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	03/08/2024	Crichton, Peter	Out-of-state PAC (ID#)		Amount of Continuation (4)	\$39.42
	03/00/2024	Contributor address; City; St	ato: Zin Codo				Ψ55.42
		Contributor address, City, Si	ate, Zip Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	2VP Affinity	pation / oob title (oce motivations	,	Travelers Indemnity Co	,,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	03/22/2024	Crichton, Peter	Unit-of-state i AC (ID#			γιποαπι οι Continbation (φ)	\$39.42
		Contributor address; City; St	ate; Zip Code				
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> 5)		
	2VP Affinity		,	Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/05/2024	Crichton, Peter Contributor address; City; St				(,)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP Affinity	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Crichton, Peter					\$40.77
		Contributor address; City; St Hartford, CT 06183	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	;) [
_	2VP Affinity	panon / Job line (Jee manucilons		Travelers Indemnity Co	<i>'</i>)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 38/303 Rpt: 41/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
8	Principal occu 2VP Affinity	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC Crichton, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183			<u> </u>		
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state PAC Crichton, Peter Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	,			Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 06/28/2024	Full name of contributor out-of-state PAC Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	I (ID#:)		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete t	his forr	m.	1	Total pages Schedule A1: Sch: 39/303 Rpt: 42/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
	Dringing! agg.	Hartford, CT 06183		Employer (See Instructions	<u></u>		
0	•	pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	•)		
	Date 03/22/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183	-		<u> </u>		
	•	pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Cruz, Alexia Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 3.0.00						

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 40/303 Rpt: 43/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	·	p Gen Counsel Claim	9	Travelers Indemnity Co	»)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (Cruz, Alexia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183			_		
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (Cruz, Alexia Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (Dauria, Kathleen Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$46.54
	•	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (Dauria, Kathleen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$46.54
	•	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	s)		
		r					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 41/303 Rpt: 44/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor out-of Dauria, Kathleen	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.54
	Dringing agg	Hartford, CT 06183	lo lo	Employer (See Instructions	_		
0	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 04/19/2024	Full name of contributor out-of Dauria, Kathleen Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$48.85
	<u> </u>	Hartford, CT 06183	1	5 1 (0 1 1 1	_		
	VP Comm a	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of Dauria, Kathleen Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$48.85
		Hartford, CT 06183					
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/17/2024	Dauria, Kathleen	-state PAC (ID#:			Amount of Contribution (\$)	\$48.85
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Dauria, Kathleen	-state PAC (ID#:			Amount of Contribution (\$)	\$48.85
	Principal occu VP Comm ar	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 42/303 Rpt: 45/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$48.85
_	Dringing! aggs	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-on Dauria, Kathleen Contributor address; City; State; Zip of	of-state PAC (ID#:)		Amount of Contribution (\$)	\$48.85
		Hartford, CT 06183					
	Principal occup VP Comm ar	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	DeWitte, Jonathan Contributor address; City; State; Zip (of-state PAC (ID#:)		Amount of Contribution (\$)	\$79.33
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	VP Gov't Rel			Travelers Indemnity Co			
	Date 03/22/2024	DeWitte, Jonathan	of-state PAC (ID#:			Amount of Contribution (\$)	\$79.33
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-on DeWitte, Jonathan Contributor address; City; State; Zip of Washington, DC 20005	of-state PAC (ID#:)		Amount of Contribution (\$)	\$79.33
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Jovernoi						

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/303 Rpt: 46/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 04/19/2024	5 Full name of contributorDeWitte, Jonathan6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$82.21
	Dringing aggr	Washington, DC 20005		2. Employer/Coo Instruction			
8	VP Gov't Re	pation / Job title (See Instructions	5)	9 Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor DeWitte, Jonathan Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$82.21
		Washington, DC 20005					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	VP Gov't Re	lations		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor DeWitte, Jonathan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.21
		Washington, DC 20005					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u> 5)		
	VP Gov't Re	lations		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor DeWitte, Jonathan Contributor address; City; S Washington, DC 20005	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Rel	pation / Job title (See Instructions lations	s)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor DeWitte, Jonathan Contributor address; City; S Washington, DC 20005	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	5)	Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 44/303 Rpt: 47/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	 Full name of contributor	-		7	Amount of Contribution (\$)	\$82.21
_	Dringing! agg.	Washington, DC 20005	lo.	Employer (See Instructions	<u>, </u>		
8	VP Gov't Re	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 03/08/2024	Full name of contributor out-of-state FDevine, William Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$108.17
	Deire sin al access	Hartford, CT 06183	i	Facilities (Control to the still and	$\overline{\Gamma}$		
		pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state F Devine, William Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$108.17
		Hartford, CT 06183					
		pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state F Devine, William Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$119.42
		pation / Job title (See Instructions) ss Capabilities BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state F Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$43.27
	Principal occu Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 45/303 Rpt: 48/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	·	e PAC (ID#:)	7	Amount of Contribution (\$)	\$43.27
•	Dringinal occu	Hartford, CT 06183	l _o	Employer (See Instructions	<u>''</u>		
0	Executive Co	pation / Job title (See Instructions) ounsel	l ⁹	Travelers Indemnity Co			
	Date 04/05/2024	Dube, Lori	PAC (ID#:)	•	Amount of Contribution (\$)	\$43.27
		Hartford, CT 06183			Ĺ		
	Principal occu Executive Co	pation / Job title (See Instructions) Dunsel		Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state Dube, Lori Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$45.19
	Dein sin al acces	Hartford, CT 06183		Frankrick (October Street and Street	<u></u>		
	Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Dube, Lori	PAC (ID#:)		Amount of Contribution (\$)	\$45.19
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	-		
	Date 05/17/2024	Full name of contributor out-of-state Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$45.19
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Everanne Co	JULI 1961		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 46/303 Rpt: 49/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024		ate PAC (ID#:		7	Amount of Contribution (\$)	\$45.19
	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	<u>, </u>		
0	Executive Co	pation / Job title (See Instructions) punsel	9	Travelers Indemnity Co	·)		
	Date 06/14/2024	Dube, Lori)		Amount of Contribution (\$)	\$45.19
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Dube, Lori Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$45.19
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Executive Co			Travelers Indemnity Co)		
	Date 03/08/2024	Ebersole, Jodi)		Amount of Contribution (\$)	\$28.37
	Principal occu Group Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 03/22/2024	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	\$28.37
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 47/303 Rpt: 50/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 5 Full name of contributor out-of-state PAC (I Ebersole, Jodi 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$28.37
0	Dringing agg	Hartford, CT 06183	١٥	Employer (See Instructions	<u>''</u>		
8	Group Gene	pation / Job title (See Instructions) ral Counsel	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$29.33
		Hartford, CT 06183			<u> </u>		
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$29.33
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$29.33
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (I Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183	D#:)		Amount of Contribution (\$)	\$29.33
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Group Gene	iai Courisei		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 48/303 Rpt: 51/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-state PAC (II Ebersole, Jodi 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$29.33
8	Dringing agg	Hartford, CT 06183	١٥	Employer (See Instructions	<u>''</u>		
•	Group Gene	pation / Job title (See Instructions) ral Counsel		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor out-of-state PAC (II Ebersole, Jodi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.33
	Deinsinal assu	Hartford, CT 06183		Franks on (Cas Instructions	<u></u>		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	-		
	Date 03/22/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 49/303 Rpt: 52/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	 Full name of contributor out-of-state PAC (Il Eckert, Karen Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Hartford, CT 06183	- 1-	5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) Field Solutions-PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (I Eckert, Karen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (II Eckert, Karen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 50/303 Rpt: 53/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	 Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$40.38
_	Deinsinal assu	Blue Bell, PA 19422	ام		<u></u>		
8		pation / Job title (See Instructions) ounsel Claim	g	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 03/22/2024	Full name of contributor out-of-state PAC (IDE) Ferren, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.38
	Delicalization	Blue Bell, PA 19422		Faralagae (Octobration			
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID Ferren, William Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (IDE) Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID) Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422				Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 51/303 Rpt: 54/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/17/2024	 5 Full name of contributor	D#:		7	Amount of Contribution (\$)	\$40.38
_		Blue Bell, PA 19422			<u></u>		
8		pation / Job title (See Instructions) ounsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (I Ferren, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.38
	Dein sin al acces	Blue Bell, PA 19422		Faralas and Constructions			
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (I Ferren, William Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (I Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (I Flanagan, Barbara Contributor address; City; State; Zip Code Hartford, CT 06183	1 D#:			Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/303 Rpt: 55/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Flanagan, Barbara 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$52.88
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	VP HR - Clai		Travelers Indemnity Co	,		
	Date 04/05/2024	Full name of contributor)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183				
	VP HR - Clai	pation / Job title (See Instructions) im	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183				
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Barbara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Barbara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Cla	ipation / Job title (See Instructions) im	Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/303 Rpt: 56/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	5 Full name of contributor out-of-state PAC (ID#: Flanagan, Barbara 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$52.88
8	Principal occu	Hartford, CT 06183	9 Employer (See Instructions			
•	VP HR - Cla		Travelers Indemnity Co	,		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Flanagan, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.88
	Dein sin al a a a a	Hartford, CT 06183	Frankrije (Ostalinski stati			
	VP HR - Cla	ipation / Job title (See Instructions) im	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#: Flanagan, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183				
	Principal occu VP HR - Cla	pation / Job title (See Instructions) im	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Forshey, James Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Igmt Bond & SI	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Forshey, James Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$25.00
		Ipation / Job title (See Instructions) Igmt Bond & SI	Employer (See Instructions Travelers Indemnity Co)		

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 54/303 Rpt: 57/308	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 04/05/2024	5 Full name of contributor Forshey, James6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183						
8		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	SVP Field M	gmt Bond & SI			Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Forshey, James Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183						
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	SVP Field M	gmt Bond & SI			Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Forshey, James Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions	s)		I Employer (See Instructions)		
	•	gmt Bond & SI	,		Travelers Indemnity Co	,		
	Date 05/17/2024	Full name of contributor Forshey, James Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions gmt Bond & SI	5)		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor Forshey, James Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions)		
	SVP Field M	gmt Bond & SI			Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 55/303 Rpt: 58/308	
2	FILER NAME				3	•	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>		00087159	
4	Date 06/28/2024	5 Full name of contributor Forshey, James6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	Ş	Employer (See Instructions			
	SVP Field M	gmt Bond & SI		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Governr	nent Relations		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$15.38
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		ment Relations		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.38
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Governr	ment Relations		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Mgr Governr	ment Relations		Travelers Indemnity Co			
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/303 Rpt: 59/308	
2	FILER NAME				3	•	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159	
4	Date 05/03/2024	5 Full name of contributor Frank, Lindsay6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ons)		
		ment Relations		Travelers Indemnity (
	Date 05/17/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instruction			
	Mgr Governr	ment Relations		Travelers Indemnity (-0 		
	Date 05/31/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	ons)		
	Mgr Governr	ment Relations		Travelers Indemnity (Со		
	Date 06/14/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	ons)		
	Mgr Governr	ment Relations		Travelers Indemnity (Co		
	Date 06/28/2024	Full name of contributor Frank, Lindsay Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	ons)		
	Mgr Governr	ment Relations		Travelers Indemnity (Со		

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 57/303 Rpt: 60/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC (ID: French, David 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$115.38
_	Duinning Langu	Hartford, CT 06183	٦٥	Frankrian (Cookarin ations			
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID: French, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$115.38
	Duinning Langu	Hartford, CT 06183			_		
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID: French, David Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$115.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID: French, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$118.85
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID: French, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$118.85
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 58/303 Rpt: 61/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor out-of-state PAC (IE French, David Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$118.85
_	Daine in all a con-	Hartford, CT 06183		Faralassa (Osas kastaustisas			
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (IE French, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$118.85
	Deinsinal assu	Hartford, CT 06183			_		
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (IE French, David Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$118.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (IE French, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$118.85
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (IE Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 59/303 Rpt: 62/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/22/2024	 5 Full name of contributor out-of-state P Frey, Daniel 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$208.33
ρ	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	=)		
•		Financial Officer		Travelers Indemnity Co	·)		
	Date 04/05/2024	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code	-)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state P Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 60/303 Rpt: 63/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	 5 Full name of contributor out-of-state P. Frey, Daniel 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$208.33
0	Dringing! goog	Hartford, CT 06183	اما	Employer (See Instructions	<u>,,</u>		
8		pation / Job title (See Instructions) Financial Officer	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor				Amount of Contribution (\$)	\$208.33
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		Financial Officer		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 03/08/2024	Full name of contributor out-of-state Particles, Stephen Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$87.65
		Washington, DC 20005					
	Principal occu VP Int'l Exte	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state P. Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005			•	Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state P. Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 61/303 Rpt: 64/308	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/19/2024	 5 Full name of contributor out-of-state F Fuller, Stephen 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$87.65
_		Washington, DC 20005			<u> </u>		
8	VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs	9	Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state F Fuller, Stephen Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$87.65
	Principal occu	washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	VP Int'l Exter			Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor out-of-state F Fuller, Stephen Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$87.65
		Washington, DC 20005					
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co	-		
	Date 05/31/2024	Full name of contributor out-of-state F Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005	-)		Amount of Contribution (\$)	\$87.65
	Principal occu VP Int'l Exter	pation / Job title (See Instructions) rnal Affairs		Employer (See Instructions Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor out-of-state F Fuller, Stephen Contributor address; City; State; Zip Code Washington, DC 20005)		Amount of Contribution (\$)	\$52.59
	Principal occu VP Int'l Exter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	V. AICI EXCI						

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 62/303 Rpt: 65/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$153.85
_	Daine in all a con-	Hartford, CT 06183	- la	Frankrick (October 1994)			
8		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor				Amount of Contribution (\$)	\$153.85
	Deireciant	Hartford, CT 06183		Formula (On a london etimore)			
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 04/05/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			L_	,			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 63/303 Rpt: 66/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$153.85
0	Dringing Lagge	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (Con Instructions	<u></u>		
•		Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 05/31/2024	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code	•		•	Amount of Contribution (\$)	\$153.85
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
		Information Ofcr		Travelers Indemnity Co	P)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Garten, Cynthia Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$51.92
	·	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	m.	1	Total pages Schedule A1: Sch: 64/303 Rpt: 67/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$51.92
_	Deinsinal assu	Hartford, CT 06183	lo-	Franksian (Caalinatuustiana	<u></u>		
8		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instructions Travelers Indemnity Co			
	Date 04/05/2024	Garten, Cynthia				Amount of Contribution (\$)	\$51.92
	<u> </u>	Hartford, CT 06183			<u></u>		
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state Garten, Cynthia Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Garten, Cynthia)		Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 65/303 Rpt: 68/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 05/31/2024	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$53.85
_	D: : 1	Hartford, CT 06183	- la		<u></u>		
8		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183			Ĺ		
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state Garten, Cynthia Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Gee, Patrick)		Amount of Contribution (\$)	\$37.60
	Principal occu SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 03/22/2024	Gee, Patrick				Amount of Contribution (\$)	\$37.60
	Principal occu SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 66/303 Rpt: 69/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)	,	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state PAC (IE Gee, Patrick Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$37.60
Ω	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	-) 		
0	SVP Claim F		9	Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state PAC (IE Gee, Patrick Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.56
		Hartford, CT 06183					
	SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PAC (IE Gee, Patrick Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$38.56
		Hartford, CT 06183					
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	′		
	Date 05/17/2024	Full name of contributor out-of-state PAC (IE Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.56
	Principal occu SVP Claim P	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (IE Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$38.56
	Principal occu SVP Claim F	pation / Job title (See Instructions)	\top	Employer (See Instructions Travelers Indemnity Co			
	J. Janii			aro.oro macininty CO			

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 67/303 Rpt: 70/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	 5 Full name of contributor out-of-state PA Gee, Patrick 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$38.56
Q	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
0	SVP Claim F		3	Travelers Indemnity Co	·)		
	Date 06/28/2024	Full name of contributor out-of-state PA Gee, Patrick Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.56
		Hartford, CT 06183					
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$43.85
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.85
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PA Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.85
	Principal occu VP Human F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 68/303 Rpt: 71/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$45.16
_	Delicalization	Hartford, CT 06183	la la	For all 1997 (October 1997)			
8	VP Human F	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	S) 		
	Date 05/03/2024	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code	,)	•	Amount of Contribution (\$)	\$45.16
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	<u>''</u>		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 05/17/2024	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$45.16
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Gehrhardt, Beth	PAC (ID#:)		Amount of Contribution (\$)	\$45.16
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 06/14/2024	Full name of contributor out-of-state Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$45.16
	Principal occu VP Human F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	FRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 69/303 Rpt: 72/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	5 Full name of contributor out-	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$45.16
_		Hartford, CT 06183	- Ia	5 1 (0 1 1 1	<u></u>		
8	VP Human F	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Gerstman, Anne Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sr Dir Circle	Lead - Tech		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor out- Gerstman, Anne Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
		pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Gerstman, Anne	of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SI DII CIICIE	Leau - Tecii		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	o complete this forr	m.	1	Total pages Schedule A1: Sch: 70/303 Rpt: 73/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	5 Full name of contributor Gerstman, Anne	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
8	Principal occu Sr Dir Circle	pation / Job title (See Instructions) Lead - Tech	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 05/17/2024	Full name of contributor Gerstman, Anne Contributor address; City; Stat)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Sr Dir Circle	. ,		Travelers Indemnity Co	')		
	Date 06/14/2024	Full name of contributor Gerstman, Anne Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
		pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor Gerstman, Anne Contributor address; City; Stat Hunt Valley, MD 21031	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Sr Dir Circle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 03/08/2024	Full name of contributor Gervino, Elena Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	·· Subrogu						

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 71/303 Rpt: 74/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	Gervino, Elena	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
g	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/		
•	VP Subrogat			Travelers Indemnity Co	•)		
	Date 04/05/2024	Full name of contributor on Gervino, Elena Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$30.00
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor on Gervino, Elena Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor on Gervino, Elena Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 05/17/2024	Full name of contributor on Gervino, Elena Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	- 3			, J.			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 72/303 Rpt: 75/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 06/14/2024	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
•	Dringinal occu	Hartford, CT 06183	lo.	Employer (See Instructions	·/_		
0	VP Subrogat	pation / Job title (See Instructions) tion	l ⁹	Travelers Indemnity Co))		
	Date 06/28/2024	Full name of contributor out-of-state Gervino, Elena Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state Gibbons, Myles Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$82.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state Gibbons, Myles Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$82.69
	•	pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 6)		
	Date 04/05/2024	Full name of contributor out-of-state Gibbons, Myles Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$82.69
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVY Pres C/	AG & CUO Mid Mkt		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 73/303 Rpt: 76/308	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)		00087159	
4	Date 04/19/2024	5 Full name of contributor Gibbons, Myles6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)		
		AG & CUO Mid Mkt		Travelers Indemnit			
	Date 05/03/2024	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instru			
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnit	у Со		
	Date 05/17/2024	Full name of contributor Gibbons, Myles Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnit	у Со		
	Date 05/31/2024	Full name of contributor Gibbons, Myles Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions)		Employer (See Instru			
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnit	у Со		
	Date 06/14/2024	Full name of contributor Gibbons, Myles Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnit	у Со		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 74/303 Rpt: 77/308	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$86.54
_	Deinainal assu	Hartford, CT 06183	- 10	Franksian (Cook Instructions	<u></u>		
8	·	pation / Job title (See Instructions) AG & CUO Mid Mkt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor			•	Amount of Contribution (\$)	\$142.31
	Deinainal assu	Hartford, CT 06183		Franksian (Cook Instructions	<u></u>		
	SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$142.31
		Hartford, CT 06183					
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$142.31
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$148.08
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/303 Rpt: 78/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gifford, Bruce 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$148.08
_	Dringing Lagor	Hartford, CT 06183	O Francisco (Coo la structiona			
8	SVP Chief A	i i i i i i i i i i i i i i i i i i i	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Gifford, Bruce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$148.08
	Dringinal occu	Hartford, CT 06183	Employer (See Instructions			
	SVP Chief A	i i i i i i i i i i i i i i i i i i i	Travelers Indemnity Co	,		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Gifford, Bruce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183				
	Principal occu SVP Chief A	pation / Job title (See Instructions) actuary BI	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$148.08
	Principal occu SVP Chief A	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Gifford, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$148.08
	Principal occu SVP Chief A	upation / Job title (See Instructions) actuary BI	Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 76/303 Rpt: 79/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	Full name of contributor Goldberg, Jeff Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$32.88
		Chicago, IL 60601					
8	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Goldberg, Jeff Contributor address; City; Sta				Amount of Contribution (\$)	\$32.88
	Principal occu	Chicago, IL 60601 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Sr Counsel 0			Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Goldberg, Jeff Contributor address; City; Sta)		Amount of Contribution (\$)	\$32.88
		Chicago, IL 60601					
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Goldberg, Jeff Contributor address; City; Sta Chicago, IL 60601	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$34.04
	Principal occu Sr Counsel 0	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Goldberg, Jeff Contributor address; City; Sta Chicago, IL 60601	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 77/303 Rpt: 80/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor out-of-state in Goldberg, Jeff Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_	5	Chicago, IL 60601	- la	- L (0 L : "	<u></u>		
8	Sr Counsel (pation / Job title (See Instructions) Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state I Goldberg, Jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Chicago, IL 60601		Employer (See Instructions	·/-		
	Sr Counsel (pation / Job title (See Instructions) Claim		Travelers Indemnity Co	o)		
	Date 06/28/2024	Full name of contributor out-of-state I Goldberg, Jeff Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Chicago, IL 60601					
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state I Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state I Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP Investo	i reialiUIS		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 78/303 Rpt: 81/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		New York City, NY 10017					
8	SVP Investo	pation / Job title (See Instructions) r Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	SVP Investo	r Relations		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PA Goldstein, Abbe Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$100.00
		New York City, NY 10017					
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor out-of-state PA Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PA Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 79/303 Rpt: 82/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state PAC Goldstein, Abbe Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$100.00
		New York City, NY 10017					
8	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Gorecki, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	·	duct & Services		Travelers Indemnity Co	-,		
	Date 03/22/2024	Full name of contributor out-of-state PAC Gorecki, John Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$15.00
	'	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Gorecki, John Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	7. 333110	adot & Gorvious		voicio indominity CO			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 80/303 Rpt: 83/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024		e PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_		Hartford, CT 06183	10		<u></u>		
8		pation / Job title (See Instructions) duct & Services	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Gorecki, John				Amount of Contribution (\$)	\$15.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	duct & Services		Travelers Indemnity Co	·)		
	Date 06/14/2024	Full name of contributor out-of-state Gorecki, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Gorecki, John				Amount of Contribution (\$)	\$15.00
		pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041)	•	Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	TAL COUST	incigy & Maine		Travelers indefinitly CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 81/303 Rpt: 84/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		00087159	
4	Date 03/22/2024	5 Full name of contributor [Griffard, Julie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
8	Principal occu	pation / Job title (See Instructions)	l ₉	Employer (See Instructions	<u> </u>		
		Energy & Marine		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor [Griffard, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$47.12
		Houston, TX 77041					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor [Griffard, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$49.42
		Houston, TX 77041					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Griffard, Julie Contributor address; City; Sta Houston, TX 77041	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$49.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Griffard, Julie Contributor address; City; Sta Houston, TX 77041	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$49.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 82/303 Rpt: 85/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/31/2024	 5 Full name of contributor)#:)	7	Amount of Contribution (\$)	\$49.42
_		Houston, TX 77041			<u></u>		
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$49.42
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
	•	Energy & Marine		Travelers Indemnity Co	-,		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID Griffard, Julie Contributor address; City; State; Zip Code)#:)	•	Amount of Contribution (\$)	\$49.42
		Houston, TX 77041					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005)		Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005				Amount of Contribution (\$)	\$31.25
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Si Courisei C			Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 83/303 Rpt: 86/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Griner, John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$31.25
	Dringing! goog	Brookfield, WI 53005	• Employer (Con Instructions			
8	Sr Counsel (9 Employer (See Instructions) Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Griner, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.92
	Principal occu	Brookfield, WI 53005 upation / Job title (See Instructions)	Employer (See Instructions)		
	Sr Counsel (Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Griner, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.92
		Brookfield, WI 53005				
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005			Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Griner, John Contributor address; City; State; Zip Code Brookfield, WI 53005			Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (upation / Job title (See Instructions) Claim	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 84/303 Rpt: 87/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024		of-state PAC (ID#:		7	Amount of Contribution (\$)	\$31.92
0	Dringing aggr	Brookfield, WI 53005	lo.	Employer (See Instructions	<u>, </u>		
8	Sr Counsel C	pation / Job title (See Instructions) Claim	9	Employer (See Instructions Travelers Indemnity Co	o)		
	Date 06/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$31.92
		Brookfield, WI 53005					
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Gross, Travis Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.48
	Dringinal occu	Pation / Job title (See Instructions)	1	Employer (See Instructions	·/		
	Director Clai			Travelers Indemnity Co))		
	Date 03/22/2024	Gross, Travis Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.48
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director Clai	m Mgmt		Travelers Indemnity Co			
	Date 04/05/2024	Gross, Travis	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.48
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Clai	ш мут і		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 85/303 Rpt: 88/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024		f-state PAC (ID#:		7	Amount of Contribution (\$)	\$16.01
_	D: : 1	Richardson, TX 75081	- Ia	5 1 (0 1 1 1	<u></u>		
8	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$16.01
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Director Clai	' '		Travelers Indemnity Co	,		
	Date 05/17/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$16.01
		Richardson, TX 75081					
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Gross, Travis Contributor address; City; State; Zip (f-state PAC (ID#:)		Amount of Contribution (\$)	\$16.01
	Principal occu Director Clai	Richardson, TX 75081 pation / Job title (See Instructions) m Mamt		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 06/14/2024	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.01
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Clai	iii ivigitit		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 86/303 Rpt: 89/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state PAC (ID#: Gross, Travis Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$16.01
_	Dringing aggr	Richardson, TX 75081	٦	Employer (Cool patruations	<u></u>		
8	Director Clai	pation / Job title (See Instructions) m Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$86.54
	Principal occur	New York City, NY 10017 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	National Acc			Travelers Indemnity Co	,		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$86.54
		New York City, NY 10017					
	Principal occu National Acc	pation / Job title (See Instructions) counts VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$86.54
	Principal occu National Acc	pation / Job title (See Instructions) counts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$89.42
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 87/303 Rpt: 90/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	(C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$89.42
_		New York City, NY 10017	1_		<u></u>		
8	Principal occu National Acc	pation / Job title (See Instructions) ounts VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$89.42
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Hamm, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$89.42
		New York City, NY 10017					
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$89.42
	Principal occu National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$89.42
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONEI	ARY POLITICAL C	CONTRIBUTIO)N:	S		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 88/303 Rpt: 91/308	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)			00087159	
4	Date 03/08/2024	5 Full name of contributor Hankinson, Allen6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
8		pation / Job title (See Instructions)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Hankinson, Allen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
		pation / Job title (See Instructions))		Employer (See Instructions)		
			Travelers Indemnity Co					
	Date 04/05/2024	Full name of contributor Hankinson, Allen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.44
		Hunt Valley, MD 21031						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Hankinson, Allen Contributor address; City; St. Hunt Valley, MD 21031	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$16.83
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Hankinson, Allen Contributor address; City; St Hunt Valley, MD 21031	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$16.83
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Underwriting	Director Select			Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 89/303 Rpt: 92/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor [Hankinson, Allen	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.83
_		Hunt Valley, MD 21031	- Ia	5 1 (0 1 1 1	<u></u>		
8	•	pation / Job title (See Instructions) Director Select	9	Employer (See Instructions Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Hankinson, Allen Contributor address; City; Stat)		Amount of Contribution (\$)	\$16.83
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	Director Select		Travelers Indemnity Co	,		
	Date 06/14/2024	Full name of contributor Hankinson, Allen Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.83
		Hunt Valley, MD 21031					
		pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor Hankinson, Allen Contributor address; City; Stat Hunt Valley, MD 21031	out-of-state PAC (ID#: ie; Zip Code)		Amount of Contribution (\$)	\$16.83
	•	pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 03/08/2024	Full name of contributor Harris, Douglas Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.04
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 90/303 Rpt: 93/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.04
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u>, </u>		
8		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$39.04
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Harris, Douglas	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 05/17/2024	Full name of contributor out-on the property of the property o	of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	·· Oraini i						

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this forn	m.	1	Total pages Schedule A1: Sch: 91/303 Rpt: 94/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	5 Full name of contributor out-of-state Harris, Douglas	e PAC (ID#:)	7	Amount of Contribution (\$)	\$40.58
_	Dringing age	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
•		pation / Job title (See Instructions) od Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Harris, Douglas				Amount of Contribution (\$)	\$40.58
	Deinsinal assu	Hartford, CT 06183		Franksian (Caalinatuustiana	<u></u>		
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state Harris, Douglas Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$40.58
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Hart, Christopher)		Amount of Contribution (\$)	\$29.04
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	e PAC (ID#:)		Amount of Contribution (\$)	\$29.04
	Principal occu Lead Learnir	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 92/303 Rpt: 95/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$29.04
8	Dringinal occu	pation / Job title (See Instructions)	la la	Employer (See Instructions	-) 		
0	Lead Learnir		ا	Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state PA Hart, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00
		Canandaigua, NY 14424					
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Lead Learning Facilitator Date Full name of contributor out-of-state PAC (ID#:_		AC (ID#:)	Γ	Amount of Contribution (\$)	
	05/03/2024	Hart, Christopher Contributor address; City; State; Zip Code			•		\$30.00
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	′		
	Date 05/17/2024	Full name of contributor out-of-state PA Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424				Amount of Contribution (\$)	\$30.00
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	-		
	Date 05/31/2024	Full name of contributor out-of-state PA Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	AC (ID#:)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Lead Learnir	ig Facilitator		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 93/303 Rpt: 96/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	 Full name of contributor out-of-section out-of-secti	state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Canandaigua, NY 14424 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·,		
0	Lead Learnir	` '	•	Travelers Indemnity Co	·)		
	Date 06/28/2024	Full name of contributor out-of- Hart, Christopher Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$30.00
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date		state PAC (ID#:	Travelers indefinitly Co	Г	Amount of Contribution (\$)	
	03/08/2024	Hayes, Christopher Contributor address; City; State; Zip Co				(,)	\$16.44
		Hartford, CT 06183					
	Principal occu 2VP Risk Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Hayes, Christopher				Amount of Contribution (\$)	\$16.44
	Principal occu 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 04/05/2024	Full name of contributor out-of- Hayes, Christopher Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$16.44
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Risk Co	TILLOI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 94/303 Rpt: 97/308	
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	5 Full name of contributor out Hayes, Christopher	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$17.12
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	_		
•	2VP Risk Co			Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out Hayes, Christopher Contributor address; City; State; Zip				Amount of Contribution (\$)	\$17.12
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	2VP Risk Co			Travelers Indemnity Co	')		
	Date 05/17/2024	Full name of contributor out Hayes, Christopher Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.12
		Hartford, CT 06183					
	Principal occu 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
	Date 05/31/2024	Full name of contributor out Hayes, Christopher Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.12
	Principal occu 2VP Risk Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 06/14/2024	Full name of contributor out Hayes, Christopher Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$17.12
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 95/303 Rpt: 98/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$17.12
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8	2VP Risk Co	pation / Job title (See Instructions) ontrol	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor				Amount of Contribution (\$)	\$24.42
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (I Haze, Jeffrey Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$24.42
		Hartford, CT 06183					
		pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (I Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.42
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (I Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$25.92
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 96/303 Rpt: 99/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state PAC (Haze, Jeffrey 6 Contributor address; City; State; Zip Code	ID#:)	7	Amount of Contribution (\$)	\$25.92
_	Dringing age	Hartford, CT 06183	lo.	Employer (Co.) Instructions	<u></u>		
8		pation / Job title (See Instructions) a Management	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 05/17/2024	Full name of contributor			•	Amount of Contribution (\$)	\$25.92
	Deinsinal	Hartford, CT 06183		Faralas a (Osas la structiona			
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (Haze, Jeffrey Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$25.92
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$25.92
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (Haze, Jeffrey Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.92
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	22007 Ball						

	MONEI	ARY POLITICAL CON	TRIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 97/303 Rpt: 100/308	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)			00087159	
4	Date 03/08/2024	 Full name of contributor ou Heard, Peter Contributor address; City; State; Zip 	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
		ent-Field Mgmt		Travelers Indemnity Co	•		
	Date 03/22/2024	Full name of contributor ou Heard, Peter Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regi Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor ou Heard, Peter Contributor address; City; State; Zi	t-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor ou Heard, Peter Contributor address; City; State; Zij Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor ou Henderson, Charles Contributor address; City; State; Zij	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$36.96
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	UW Officer N	National Property		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'N	S		SCHEDULE	: A1
	The Instru	ction Guide explains how	to complete this fc	orn	n.	1	Total pages Schedule A1: Sch: 98/303 Rpt: 101/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	Full name of contributor Henderson, Charles Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$36.96
		Richardson, TX 75081						
8		upation / Job title (See Instructions National Property)		Employer (See Instructions Travelers Indemnity Co	s) •		
	Date 04/05/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$36.96
		Richardson, TX 75081 upation / Job title (See Instructions) National Property	.)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/19/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$38.25
	•	Richardson, TX 75081 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 05/03/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:		Travelers Indemnity Co		Amount of Contribution (\$)	\$38.25
	•	upation / Job title (See Instructions National Property)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
		upation / Job title (See Instructions National Property)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 99/303 Rpt: 102/308	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		00087159	
4	Date 05/31/2024	5 Full name of contributor Henderson, Charles6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$38.25
0	Dringing goog	Richardson, TX 75081 pation / Job title (See Instructions) I	Employer (See Instructions			
O		pation / Job title (See Instructions National Property)	Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	UW Officer N	National Property		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081					
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
		National Property		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Hentnick, Donna Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
	Principal occu VP Human F	pation / Job title (See Instructions Resources)	Employer (See Instructions Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Hentnick, Donna Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$22.60
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Human F	Resources		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 100/303 Rpt: 103/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	·	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$22.60
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
8	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Deinainal assu	Hartford, CT 06183		Frankrian (Cookarationa	<u></u>		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor o Hentnick, Donna Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183					
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Hentnick, Donna				Amount of Contribution (\$)	\$23.32
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 05/31/2024	Full name of contributor o Hentnick, Donna Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$23.32
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	v. Hamaniy		I				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 101/303 Rpt: 104/308	3
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committ	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	 Full name of contributor out-of-state Hentnick, Donna Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$23.32
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>,,</u>		
•	VP Human R	pation / Job title (See Instructions) Resources	9	Travelers Indemnity Co	»)		
	Date 06/28/2024	Full name of contributor				Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183			<u></u>		
	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state Herron, Peter Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state Herron, Peter Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 04/05/2024	Full name of contributor out-of-state Herron, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$76.92
	Principal occur SVP PNP Bo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 102/303 Rpt: 105/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	5)		00087159	
4	Date 04/19/2024	5 Full name of contributor [Herron, Peter6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	SVP PNP Bo			Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor [Herron, Peter Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$76.92
	D: : 1	Hartford, CT 06183			Ĺ		
	SVP PNP Bo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				Travelers indefinity Co	_		
	Date 05/17/2024	Full name of contributor [Herron, Peter Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP PNP Bo	ond & SI		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Herron, Peter Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor Herron, Peter Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) and & SI		Employer (See Instructions Travelers Indemnity Co	s)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 103/303 Rpt: 106/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P.	AC)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID# Herron, Peter 6 Contributor address; City; State; Zip Code	:)	7	Amount of Contribution (\$)	\$76.92
_		Hartford, CT 06183				
8	SVP PNP Bo	pation / Job title (See Instructions) ond & SI	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$83.65
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)		
	•	Gen Counsel-Claim	Travelers Indemnity Co	,		
	Date 03/22/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183	_			
		pation / Job title (See Instructions) o Gen Counsel-Claim	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183				
	•	pation / Job title (See Instructions) o Gen Counsel-Claim	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Herzog, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183	:)		Amount of Contribution (\$)	\$83.65
		I pation / Job title (See Instructions)	Employer (See Instructions)		
	Assoc Group	o Gen Counsel-Claim	Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 104/303 Rpt: 107/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC	5)		00087159	
4	Date 05/03/2024	5 Full name of contributor [Herzog, Kristin6 Contributor address; City; Star	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$83.65
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Gen Counsel-Claim		Travelers Indemnity Co	,		
	Date 06/14/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Herzog, Kristin Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$95.19
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 105/303 Rpt: 108/30	8
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$288.46
0	Dringing ogg	New York City, NY 10017 upation / Job title (See Instructions)	9 Employer (See Instructions			
8	Vice Chairm		Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Heyman, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 upation / Job title (See Instructions)	Employer (See Instructions)		
	Vice Chairm		Travelers Indemnity Co	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Heyman, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$288.46
		New York City, NY 10017				
	Principal occu Vice Chairm	ipation / Job title (See Instructions) an	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017			Amount of Contribution (\$)	\$288.46
	Principal occu Vice Chairm	upation / Job title (See Instructions) an	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017			Amount of Contribution (\$)	\$288.46
	Principal occu Vice Chairm	upation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
		•				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 106/303 Rpt: 109/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$288.46
8	Dringinal occu	New York City, NY 10017 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/_		
0	Vice Chairma		9	Travelers Indemnity Co	>)		
	Date 05/31/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Vice Chairman			Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor out-of-state PAC (IE Heyman, William Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$288.46
		New York City, NY 10017					
	Principal occu Vice Chairma	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (IE Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$288.46
	Principal occu Vice Chairma	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (IE Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$43.65
	Principal occu VP Human F	pation / Job title (See Instructions)	\top	Employer (See Instructions Travelers Indemnity Co	5)		
	vi riuiliali F	NO DOLLO CONTROL CONTR		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBI	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 107/303 Rpt: 110/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	 5 Full name of contributor out-of-state PA Higgins, Lorrie 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$43.65
_	Dringing! aggr	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
8	VP Human R	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 04/05/2024	Full name of contributor out-of-state PA Higgins, Lorrie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.65
		Hartford, CT 06183		5 1 (0 1 : :	<u></u>		
	VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PA Higgins, Lorrie Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$44.96
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PA Higgins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$44.96
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 05/17/2024	Full name of contributor out-of-state PAHiggins, Lorrie Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$44.96
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	IONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	1 Total pages Schedule A1: Sch: 108/303 Rpt: 111/308			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)		
	The Traveler	rs Companies, Inc. Political Act)		00087159			
4	Date 05/31/2024	5 Full name of contributor [Higgins, Lorrie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$44.96		
		Hartford, CT 06183							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()				
	VP Human F	Resources		Travelers Indemnity Co					
	Date 06/14/2024	Full name of contributor [Higgins, Lorrie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$26.98		
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions	_				
	VP Human F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)				
			Travelers indefinity Co						
	03/08/2024	Higgins, Scott Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$221.15		
		Hartford, CT 06183							
		pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	i)				
	Date 03/22/2024	Full name of contributor Higgins, Scott Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$221.15		
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co)				
	Date 04/05/2024	Full name of contributor [Higgins, Scott Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$221.15		
		pation / Job title (See Instructions)		Employer (See Instructions	()				
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co					

	MONEI	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 109/303 Rpt: 112/308			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)		
	The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)			00087159			
4	Date 04/19/2024	 5 Full name of contributor	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$221.15		
		Hartford, CT 06183							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)				
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co					
	Date 05/03/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$221.15		
		Hartford, CT 06183	-						
	•	pation / Job title (See Instructions)		Employer (See Instructions)				
	·			Travelers Indemnity Co					
	Date 05/17/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$221.15		
		Hartford, CT 06183							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co					
	Date 05/31/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$221.15		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co					
	Date 06/14/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$221.15		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	EVP&PresM	dl MktNatlProp&Bl Fld		Travelers Indemnity Co					

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 110/303 Rpt: 113/308	8
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	 5 Full name of contributor out-of-state PAC Higgins, Scott 6 Contributor address; City; State; Zip Code 	C (ID#:		7	Amount of Contribution (\$)	\$221.15
_	Dringing! aggs	Hartford, CT 06183	اما	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) dl MktNatlProp&BI Fld	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Hill, David Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$57.69
	Principal occur	Blue Bell, PA 19422 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	BI Field Vice	,		Travelers Indemnity Co	·)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Hill, David Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$57.69
		Blue Bell, PA 19422					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422				Amount of Contribution (\$)	\$57.69
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422)	•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2. Flora vide						

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 111/303 Rpt: 114/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	 5 Full name of contributor out-of-state PA Hill, David 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$60.58
_		Blue Bell, PA 19422	1-				
8	Principal occu BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor			•	Amount of Contribution (\$)	\$60.58
	Principal occu	Blue Bell, PA 19422 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	BI Field Vice President			Travelers Indemnity Co	,		
	Date 05/31/2024	Full name of contributor out-of-state PAHIII, David Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$60.58
		Blue Bell, PA 19422					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAHill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422	-		•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAHIII, David Contributor address; City; State; Zip Code Blue Bell, PA 19422	AC (ID#:)	•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 112/303 Rpt: 115/308	3
2	FILER NAME The Traveler	's Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024		te PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8	VP Gov't Rel	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Hoffman, Brian				Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 04/05/2024	Full name of contributor out-of-state Hoffman, Brian Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Hoffman, Brian				Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Hoffman, Brian				Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	IONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this form	n.	1	Total pages Schedule A1: Sch: 113/303 Rpt: 116/308	3		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)		
4	Date 05/17/2024	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$15.00		
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	-, 				
•	VP Gov't Re		9	Travelers Indemnity Co	»)				
	Date 06/14/2024	Full name of contributor				Amount of Contribution (\$)	\$15.00		
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	<u></u>				
	VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)				
	Date 06/28/2024	Full name of contributor out-of-state Property Hoffman, Brian Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$15.00		
		Hartford, CT 06183							
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	s)				
	Date 03/08/2024	Full name of contributor out-of-state Pa Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601)		Amount of Contribution (\$)	\$37.31		
	-	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)				
	Date 03/22/2024	Full name of contributor out-of-state Production Description of the Production of th	AC (ID#:			Amount of Contribution (\$)	\$37.31		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)				
	S. regional	2 Tota Might		The voices indefining Co					

	MONET	IONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 114/303 Rpt: 117/308	3		
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)		
4	Date 04/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$37.31		
_	Dringing agg	Chicago, IL 60601	ام	Employer (Cool patruations	<u></u>				
8	•	pation / Job title (See Instructions) Dir Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	»)				
	Date 04/19/2024	Full name of contributor ut-of-state PAC Hogan, George Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$38.06		
	Principal occu	Chicago, IL 60601 pation / Job title (See Instructions)		Employer (See Instructions	;) 				
	•	Dir Field Mgmt		Travelers Indemnity Co	·)				
	Date 05/03/2024	Full name of contributor out-of-state PAC Hogan, George Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$38.06		
		Chicago, IL 60601							
		pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)				
	Date 05/17/2024	Full name of contributor out-of-state PAC Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601)		Amount of Contribution (\$)	\$38.06		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u> </u>				
	Date 05/31/2024	Full name of contributor out-of-state PAC Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601	(ID#:)		Amount of Contribution (\$)	\$38.06		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)				
	S. Negional								

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 115/303 Rpt: 118/308		
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)	
	The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	C)			00087159		
4	Date 06/14/2024	5 Full name of contributor Hogan, George6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.06	
_	Dringing Loggy	Chicago, IL 60601	a L	O Emplo	war (Coo Instructions				
8		pation / Job title (See Instructions	5)		yer (See Instructions	5)			
	Si Regional	Dir Field Mgmt		Trave	elers Indemnity Co	_			
	Date 06/28/2024	Full name of contributor Hogan, George Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$38.06	
		Chicago, IL 60601							
	•	pation / Job title (See Instructions	3)		yer (See Instructions	5)			
			elers Indemnity Co						
	Date 03/08/2024	Full name of contributor Hopkins, Alexander Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.38	
		Hartford, CT 06183							
	Principal occu	pation / Job title (See Instructions	3)	Fmplo	yer (See Instructions	;) [
		sel Bond & SI	,		elers Indemnity Co	,			
	Date 03/22/2024	Full name of contributor Hopkins, Alexander Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.38	
	•	pation / Job title (See Instructions	3)		yer (See Instructions	s)			
	2VP & Coun	sel Bond & SI		Trave	elers Indemnity Co				
	Date 04/05/2024	Full name of contributor Hopkins, Alexander Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.38	
		pation / Job title (See Instructions	s)		yer (See Instructions	5)			
	2VP & Coun	sel Bond & SI		Trave	elers Indemnity Co				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 116/303 Rpt: 119/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$21.04
_	Deinsinal assu	Hartford, CT 06183	lo.	Frankrian (Cook bathurtian	_		
8		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor				Amount of Contribution (\$)	\$21.04
	Deinsinal assu	Hartford, CT 06183		Frankrian (Cook bathurtian	_		
		pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.04
		Hartford, CT 06183					
	-	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$21.04
	•	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$21.04
	•	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
		55. 56.14 & 51					

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	1 Total pages Schedule A1: Sch: 117/303 Rpt: 120/308		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	The Travele	rs Companies, Inc. Political Acti	on Committee (T-PAC	()		00087159		
4	Date 06/28/2024	Full name of contributor Hopkins, Alexander Contributor address; City; Star	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$21.04	
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>			
		sel Bond & SI		Travelers Indemnity Co				
	Date 03/08/2024	Full name of contributor [Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38	
		San Antonio, TX 78216			<u></u>			
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
			Travelers Indemnity Co	_				
	Date 03/22/2024	Full name of contributor [Horan, William Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.38	
		San Antonio, TX 78216						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Catastrophe	Claim Field VP		Travelers Indemnity Co				
	Date 04/05/2024	Full name of contributor [Horan, William Contributor address; City; State San Antonio, TX 78216	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Catastrophe	Claim Field VP		Travelers Indemnity Co				
	Date 04/19/2024	Full name of contributor [Horan, William Contributor address; City; Star San Antonio, TX 78216	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Catastrophe	Claim Field VP		Travelers Indemnity Co				

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 118/303 Rpt: 121/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.38
_	Deinsinal	San Antonio, TX 78216	- 10	Faralas and Constructions			
8		pation / Job title (See Instructions) Claim Field VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$40.38
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	•	Claim Field VP		Travelers Indemnity Co	,		
	Date 05/31/2024	Full name of contributor	D#:)	•	Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (I Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (I Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Samonoprie	Siam Flora VI					

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 119/303 Rpt: 122/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	Houston, Marchelle	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Deirectional	Hartford, CT 06183	la la	Facelore (On the trusting			
8	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out Houston, Marchelle Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out Houston, Marchelle Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out Houston, Marchelle Contributor address; City; State; Zip Hartford, CT 06183	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	()		
	Date 05/03/2024	Full name of contributor out Houston, Marchelle Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this forr	m.	1	Total pages Schedule A1: Sch: 120/303 Rpt: 123/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	5 Full name of contributor Houston, Marchelle6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
	Dringing! agg.	Hartford, CT 06183	10	Employer (Con Instructions	<u></u>		
8	SVP Bond &	pation / Job title (See Instructions) SI Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor Houston, Marchelle Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183			<u> </u>		
	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor Houston, Marchelle Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor Hudson, Melanie Contributor address; City; State Charlotte, NC 28226	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor Hudson, Melanie Contributor address; City; State Charlotte, NC 28226	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$53.85
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 121/303 Rpt: 124/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor Hudson, Melanie	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$53.85
_		Charlotte, NC 28226					
8	BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor Hudson, Melanie Contributor address; City; State				Amount of Contribution (\$)	\$55.77
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)	1	Employer (See Instructions) 		
	BI Field Vice	,		Travelers Indemnity Co	')		
	Date 05/03/2024	Full name of contributor Hudson, Melanie Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$55.77
		Charlotte, NC 28226					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor Hudson, Melanie Contributor address; City; State Charlotte, NC 28226	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.77
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 05/31/2024	Full name of contributor Hudson, Melanie Contributor address; City; State Charlotte, NC 28226	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$55.77
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2. Flora viole						

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 122/303 Rpt: 125/308	3	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	<u>;</u>	L	00087159		
4	Date 06/14/2024	5 Full name of contributor [Hudson, Melanie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$55.77	
		Charlotte, NC 28226						
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u> </u>			
	BI Field Vice			Travelers Indemnity Co				
	Date 06/28/2024	Full name of contributor [Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.77	
		Charlotte, NC 28226						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	BI Field Vice	President		Travelers Indemnity Co				
	Date 03/08/2024	Full name of contributor Hughes, Kevin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$45.00	
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Group Gen (Counsel Bond & SI		Travelers Indemnity Co				
	Date 03/22/2024	Full name of contributor Hughes, Kevin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$45.00	
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Group Gen (Counsel Bond & SI		Travelers Indemnity Co				
	Date 04/05/2024	Full name of contributor Hughes, Kevin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$45.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Group Gen (Counsel Bond & SI		Travelers Indemnity Co				
			·					

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 123/303 Rpt: 126/308	3	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)	
4	Date 04/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$45.00	
	Dringing agg	Hartford, CT 06183	ام	Employer (See Instructions	<u>''</u>			
8		pation / Job title (See Instructions) Counsel Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	·)			
	Date 05/03/2024	Full name of contributor out-of-state PAC (IE Hughes, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00	
	Principal occu	pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	<u></u>			
	•	Counsel Bond & SI		Travelers Indemnity Co	,			
	Date 05/17/2024	Full name of contributor out-of-state PAC (IE Hughes, Kevin Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$45.00	
		Hartford, CT 06183						
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 06/14/2024	Full name of contributor out-of-state PAC (IE Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.00	
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (IE Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$45.00	
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)			
	Stoup Gent	Source Bond & Or						

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 124/303 Rpt: 127/308	3	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
		rs Companies, Inc. Political Acti)		00087159		
4	Date 03/08/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; Star	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.15	
		Melville, NY 11747						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 03/22/2024	Full name of contributor [Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#: ie; Zip Code)		Amount of Contribution (\$)	\$26.15	
		Melville, NY 11747						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 04/05/2024	Full name of contributor [Ibuzor, Aloy Contributor address; City; Sta	out-of-state PAC (ID#: ie; Zip Code)		Amount of Contribution (\$)	\$26.15	
		Melville, NY 11747						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 04/19/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; Star Melville, NY 11747	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.31	
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 05/03/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; Star Melville, NY 11747	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.31	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 125/303 Rpt: 128/308	3	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC)		L	00087159		
4	Date 05/17/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$27.31	
		Melville, NY 11747						
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 05/31/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.31	
		Melville, NY 11747						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assoc Group Gen Counsel-Claim Tra		Travelers Indemnity Co					
	Date 06/14/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$27.31	
		Melville, NY 11747						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)			
	•	Gen Counsel-Claim		Travelers Indemnity Co	•			
	Date 06/28/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State Melville, NY 11747	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.31	
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co				
	Date 03/08/2024	Full name of contributor Ingham, Janis Contributor address; City; State Casselberry, FL 32707	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$14.23	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)			
	Sr Dir Busine	ess Process Mgmt		Travelers Indemnity Co				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to con	plete this forr	m.	1	Total pages Schedule A1: Sch: 126/303 Rpt: 129/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	Ingham, Janis	-state PAC (ID#:		7	Amount of Contribution (\$)	\$14.23
_		Casselberry, FL 32707					
8	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of Ingham, Janis Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$14.23
	Deinsinal assu	Casselberry, FL 32707		Frankston (Cookstants)	<u></u>		
	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of Ingham, Janis Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$14.62
		Casselberry, FL 32707					
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Ingham, Janis Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$14.62
	Principal occu	Casselberry, FL 32707 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	•	ess Process Mgmt		Travelers Indemnity Co	,		
	Date 05/17/2024	Full name of contributor out-of Ingham, Janis Contributor address; City; State; Zip C Casselberry, FL 32707	-state PAC (ID#:			Amount of Contribution (\$)	\$14.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Sr Dir Busine	ess Process Mgmt		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 127/303 Rpt: 130/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/31/2024	Ingham, Janis	te PAC (ID#:		7	Amount of Contribution (\$)	\$14.62
_	Deinsinal	Casselberry, FL 32707	- la	Family (Carly Instruction	$\overline{\Gamma}$		
8	•	pation / Job title (See Instructions) ess Process Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-sta Ingham, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$14.62
	Deinsinal assu	Casselberry, FL 32707		Franks on (Cooks to the stip on	<u></u>		
	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-stall Ingham, Janis Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$14.62
		Casselberry, FL 32707					
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Jagielski, Joseph)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-sta Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Managing O	Sanson Fou Emo Eu	1	avoicio indominity GO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 128/303 Rpt: 131/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	:)		00087159	
4	Date 04/05/2024	5 Full name of contributor Jagielski, Joseph6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
8	Principal occu	pation / Job title (See Instructions)) [9	Employer (See Instructions	<u> </u>		
		ounsel Prod Line Ld		Travelers Indemnity Co	•		
	Date 04/19/2024	Full name of contributor Jagielski, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031			<u></u>		
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Managing Counsel Prod Line Ld			Travelers Indemnity Co	_		
	Date 05/03/2024	Full name of contributor Jagielski, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Managing Co	ounsel Prod Line Ld		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Jagielski, Joseph Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Managing Co	ounsel Prod Line Ld		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Jagielski, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Managing Co	ounsel Prod Line Ld		Travelers Indemnity Co			

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 129/303 Rpt: 132/308	3	
2	FILER NAME				3	•	Filers)	
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	:)		00087159		
4	Date 06/28/2024	5 Full name of contributor Jagielski, Joseph6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$25.00	
_	Dringing Con-	Hunt Valley, MD 21031	la.	Frankrija (Coo krativistica)				
8		pation / Job title (See Instructions)	١	Employer (See Instructions	5)			
	Managing Co	ounsel Prod Line Ld		Travelers Indemnity Co				
	Date 03/08/2024	Full name of contributor Jenkins, Bob Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.12	
		Hartford, CT 06183						
		pation / Job title (See Instructions)		Employer (See Instructions	s)			
	VP Value Str	ream Lead		Travelers Indemnity Co				
	Date 03/22/2024	Full name of contributor Jenkins, Bob Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$22.12	
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	VP Value Str			Travelers Indemnity Co	,			
	Date 04/05/2024	Full name of contributor Jenkins, Bob Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.12	
	Principal occu VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	s)			
	Date 04/19/2024	Full name of contributor Jenkins, Bob Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$22.78	
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	VP Value Str	ream Lead		Travelers Indemnity Co				

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 130/303 Rpt: 133/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	·	PAC (ID#:)	7	Amount of Contribution (\$)	\$22.78
•	Principal occu	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
•	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Travelers Indemnity Co	·)		
	Date 05/17/2024	Full name of contributor out-of-state Jenkins, Bob Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$22.78
		Hartford, CT 06183			<u>_</u>		
	VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state Jenkins, Bob Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$22.78
		Hartford, CT 06183					
	Principal occu VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Jenkins, Bob	PAC (ID#:			Amount of Contribution (\$)	\$22.78
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 06/28/2024	Full name of contributor out-of-state Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$22.78
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	vi value Sti		<u> </u>	Tavolois indominity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	te this forr	m.	1	Total pages Schedule A1: Sch: 131/303 Rpt: 134/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	 Full name of contributor	,)	7	Amount of Contribution (\$)	\$100.00
_	Daine in all a second	Hartford, CT 06183	lo lo	Farada e a (O - a la atro-atica)	<u></u>		
8		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr	9	Employer (See Instructions Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$100.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
			Travelers Indemnity Co	')			
	Date 04/05/2024	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183	,)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 132/303 Rpt: 135/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Hartford, CT 06183	- 10	Faralana (Octobration)			
8		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAG Jones, Bruce Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·)		
			Travelers Indemnity Co	P)			
	Date 06/28/2024	Full name of contributor out-of-state PAG Jones, Bruce Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAG Kalla, Christine Contributor address; City; State; Zip Code St. Paul, MN 55102			•	Amount of Contribution (\$)	\$182.69
	Principal occu	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAG Kalla, Christine Contributor address; City; State; Zip Code St. Paul, MN 55102				Amount of Contribution (\$)	\$182.69
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		a. Courisoi		The state of the s			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 133/303 Rpt: 136/308	8
2	FILER NAME The Traveler	's Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 Full name of contributor out-of-star			7	Amount of Contribution (\$)	\$182.69
Q	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	EVP & Gene			Travelers Indemnity Co	')		
	Date 04/19/2024	Kalla, Christine)		Amount of Contribution (\$)	\$211.54
		St. Paul, MN 55102	· · · · · · · · · · · · · · · · · · ·				
	Principal occu EVP & Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-sta Kalla, Christine Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$211.54
		St. Paul, MN 55102					
	Principal occu EVP & Gene	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/17/2024	Kalla, Christine)		Amount of Contribution (\$)	\$211.54
	Principal occu EVP & Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Kalla, Christine				Amount of Contribution (\$)	\$211.54
	Principal occu EVP & Gene	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	LVI & Gene	Courser		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 134/303 Rpt: 137/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$211.54
•	Dringinal occu	St. Paul, MN 55102	la la	Employer (See Instructions	·/-		
0	EVP & Gene	pation / Job title (See Instructions) eral Counsel	9	Travelers Indemnity Co	·)		
	Date 06/28/2024	Full name of contributor out-of-state PA Kalla, Christine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$211.54
	Deinsinal assu	St. Paul, MN 55102		Franks von (Cook both vetic po	_		
	Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions Travelers Indemnity Co	5)			
	Date 03/08/2024	Full name of contributor out-of-state PA Keane, Robert Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PA Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$80.77
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PA Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	IC (ID#:			Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	nasoc Group	, den counser-ciaim		Travelers indefining CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 135/303 Rpt: 138/308	3
2	FILER NAME			.,	3	`	Filers)
		rs Companies, Inc. Political Ac		;)		00087159	
4	Date 04/19/2024	5 Full name of contributor Keane, Robert6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Keane, Robert Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Assoc Group Gen Counsel-Claim			Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Keane, Robert Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	•	Gen Counsel-Claim		Travelers Indemnity Co	•		
	Date 05/31/2024	Full name of contributor Keane, Robert Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.77
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Keane, Robert Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$80.77
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 136/303 Rpt: 139/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024		ate PAC (ID#:		7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183	la la	5 1 (0 1 : "	<u></u>		
8		pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Kearney, Brian				Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-st Kearney, Brian Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Kearney, Brian				Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/19/2024	Kearney, Brian	ate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 137/303 Rpt: 140/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Deignigal	Hartford, CT 06183	- 10	Franks on (Coo Instructions			
8	VP Product	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor				Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183			_		
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Kearney, Brian Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)	•	Amount of Contribution (\$)	\$182.69
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
		<u>- </u>					

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 138/303 Rpt: 141/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/22/2024	Keegan, Patrick	e PAC (ID#:)	7	Amount of Contribution (\$)	\$182.69
0	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	.)		
0	SVP & Enter			Travelers Indemnity Co)		
	Date 04/05/2024	Keegan, Patrick				Amount of Contribution (\$)	\$182.69
	Detectional	Hartford, CT 06183		Faralassa (Caralassa tarabian	Ĺ		
	Principal occupation / Job title (See Instructions) SVP & Enterprise CUO			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-stat Keegan, Patrick Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Keegan, Patrick)		Amount of Contribution (\$)	\$211.54
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-stat Keegan, Patrick Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$211.54
	Principal occu SVP & Enter	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 139/303 Rpt: 142/30	8
2	FILER NAME	re Commonice Inc. Delitical Ac	ation Committee (T.DAC	<u> </u>	3	•	n Filers)
		rs Companies, Inc. Political Ac		·)	L	00087159	
4	Date 05/31/2024	5 Full name of contributor Keegan, Patrick6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$211.54
_		Hartford, CT 06183					
8		pation / Job title (See Instructions)	Employer (See Instructions			
	SVP & Enter	prise CUO		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Keegan, Patrick Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
		pation / Job title (See Instructions)	Employer (See Instructions			
	SVP & Enterprise CUO Travelers Inde		Travelers Indemnity Co				
	Date 06/28/2024	Full name of contributor Keegan, Patrick Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	SVP & Enter		,	Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Kelley, Patricia Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	VP Complex	Claim Liability		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Kelley, Patricia Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$44.62
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Complex	Claim Liability		Travelers Indemnity Co			
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 140/303 Rpt: 143/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>	L	00087159	
4	Date 04/05/2024	5 Full name of contributor Kelley, Patricia6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>. </u>		
		Claim Liability		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Complex Claim Liability		Travelers Indemnity Co				
	Date 05/03/2024	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u> S)		
	VP Complex	Claim Liability		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Kelley, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions) Claim Liability)	Employer (See Instructions Travelers Indemnity Co	5)		
					_		
	Date 05/31/2024	Full name of contributor Kelley, Patricia Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$44.62
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP Complex	Claim Liability		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 141/303 Rpt: 144/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$44.62
0	Dringing agg	Hartford, CT 06183	٦٥	Employer (See Instructions	<u>,,</u>		
8	•	pation / Job title (See Instructions) Claim Liability	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183	_				
	•	pation / Job title (See Instructions) : Claim Liability		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID# Kelly, Timothy Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$53.85
		New York City, NY 10017					
		pation / Job title (See Instructions) ve Invesments		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID# Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017			•	Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	s)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 142/303 Rpt: 145/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	 Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$53.85
_		New York City, NY 10017	1-		Ĺ		
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$53.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$53.85
		New York City, NY 10017					
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$53.85
	•	pation / Job title (See Instructions) /e Invesments		Employer (See Instructions	5)		
	vr Allemativ	ve invesments		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 143/303 Rpt: 146/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC Kelly, Timothy 6 Contributor address; City; State; Zip Code	(ID#:)	7	Amount of Contribution (\$)	\$53.85
_	Delinational	New York City, NY 10017	- 10	Faralassa (Osas Instructions	_		
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Kennedy, Tara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) istomer Services		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Kennedy, Tara Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) Istomer Services		Employer (See Instructions	5)		
	VF CIAIIII CU	ISLOTHER SERVICES		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 144/303 Rpt: 147/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	 5 Full name of contributor out-of-state Parkennedy, Tara 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$70.67
	Dringing Loggy	Hartford, CT 06183	lo.	Employer (Coa Instructions	<u></u>		
8		pation / Job title (See Instructions) ustomer Services	9	Employer (See Instructions Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183			<u></u>		
	Principal occupation / Job title (See Instructions) VP Claim Customer Services			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state Pa Kennedy, Tara Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state Parkennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 06/28/2024	Full name of contributor out-of-state Parkennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) Istomer Services		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complete tl	his forr	n.	1	Total pages Schedule A1: Sch: 145/303 Rpt: 148/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC Klein, Michael 6 Contributor address; City; State; Zip Code	`		7	Amount of Contribution (\$)	\$307.69
_	Dringing Loon	Hartford, CT 06183		Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$307.69
	Deireciant	Hartford, CT 06183		Formula con (Constructions			
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$307.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183			-	Amount of Contribution (\$)	\$307.69
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	`			Amount of Contribution (\$)	\$307.69
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
		. 5.55144 1154141156					

	MONET	'ARY POLITICAL CONTRIBU'		SCHEDUL	EDULE A1		
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 146/303 Rpt: 149/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-state PAC Klein, Michael 6 Contributor address; City; State; Zip Code	(ID#:)	7	Amount of Contribution (\$)	\$307.69
_		Hartford, CT 06183	- la	5 1 (2 1 1 1			
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 05/31/2024	Full name of contributor				Amount of Contribution (\$)	\$307.69
	Dringing agg	Hartford, CT 06183		Employer (See Instructions	<u></u>		
			Travelers Indemnity Co	·)			
	Date 06/14/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$307.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$307.69
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050	,)		Amount of Contribution (\$)	\$28.65
	•	ipation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	5)		
	3.4.117.0000	The Endougraph of the Endougra					

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 147/303 Rpt: 150/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$28.65
_	Deinsinal assu	Phoenix, AZ 85050		Franksian (Cook Instructions	<u></u>		
8	Claim Accou	pation / Job title (See Instructions) Int Executive	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor			•	Amount of Contribution (\$)	\$28.65
	Deinsinal assu	Phoenix, AZ 85050		Franksian (Cook Instructions	<u></u>		
	Claim Accou	pation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (Knudson, Kim Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
	Principal occu Claim Accou	pation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050)	•	Amount of Contribution (\$)	\$28.65
	Principal occu Claim Accou	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050)		Amount of Contribution (\$)	\$28.65
	Principal occu Claim Accou	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Sidili 7 (GOOd	Excount		Tavolois indefinity 60			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 148/303 Rpt: 151/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$28.65
_	Delicalization	Phoenix, AZ 85050	la la	Facelores (Carabastication)	Ĺ		
8	Claim Accou	pation / Job title (See Instructions) nt Executive	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor				Amount of Contribution (\$)	\$28.65
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Claim Account Executive			Travelers Indemnity Co	,		
	Date 06/28/2024	Full name of contributor out-of-s Knudson, Kim Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
	Principal occu Claim Accou	pation / Job title (See Instructions) nt Executive		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 03/08/2024	Kreuzer, Robert)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	()		
	Date 03/22/2024	Full name of contributor out-of-s Kreuzer, Robert Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$121.15
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 149/303 Rpt: 152/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	5 Full name of contributor out Kreuzer, Robert	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$121.15
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l g	Employer (See Instructions) 		
Ŭ	VP Risk Con			Travelers Indemnity Co	')		
	Date 04/19/2024	Full name of contributor out Kreuzer, Robert Contributor address; City; State; Zip				Amount of Contribution (\$)	\$126.92
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) htrol		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/03/2024	Full name of contributor out Kreuzer, Robert Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$126.92
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) ttrol		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/17/2024	Full name of contributor out Kreuzer, Robert Contributor address; City; State; Zip Hartford, CT 06183	-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out Kreuzer, Robert Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
			I				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 150/303 Rpt: 153/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	 5 Full name of contributor out-of-state F Kreuzer, Robert 6 Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$126.92
8		Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions) s)		
	VP Risk Con Date 06/28/2024	Full name of contributor out-of-state F	-	Travelers Indemnity Co		Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	Hartford, CT 06183 pation / Job title (See Instructions) itrol		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 03/08/2024	Full name of contributor out-of-state F Kurtzman, Diane Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		New York City, NY 10017 pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 03/22/2024	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$20.00
	•	New York City, NY 10017 pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 04/05/2024	Full name of contributor out-of-state F Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	s)		
			'				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 151/303 Rpt: 154/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	:)		00087159	
4	Date 04/19/2024	5 Full name of contributor Kurtzman, Diane6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
_		New York City, NY 10017					
8		pation / Job title (See Instructions) [9	Employer (See Instructions	5)		
	EVP and Ch	ief HR Officer		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Kurtzman, Diane Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	EVP and Ch	ief HR Officer		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Kurtzman, Diane Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
		ief HR Officer	,	Travelers Indemnity Co	,		
	Date 06/14/2024	Full name of contributor Kurtzman, Diane Contributor address; City; St New York City, NY 10017	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions ief HR Officer)	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor Kurtzman, Diane Contributor address; City; St New York City, NY 10017	. ,			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP and Ch	ief HR Officer		Travelers Indemnity Co			
			<u>.</u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 152/303 Rpt: 155/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	C)		00087159	
4	Date 03/08/2024	5 Full name of contributor Landmark, Gregory6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions) [9	9 Employer (See Instructions	<u> </u>		
-	SVP Total R		,	Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Landmark, Gregory Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions)	Employer (See Instructions			
			Travelers Indemnity Co				
	Date 04/05/2024	Full name of contributor Landmark, Gregory Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP Total R	ewards		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Landmark, Gregory Contributor address; City; St St. Paul, MN 55102	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions ewards)	Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Landmark, Gregory Contributor address; City; St St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	SVP Total R	ewards		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 153/303 Rpt: 156/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor Landmark, Gregory6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
0	Dringing! goog	St. Paul, MN 55102	0	Employer (See Instructions	<u></u>		
0	SVP Total R	pation / Job title (See Instructions) ewards	9	Employer (See Instructions Travelers Indemnity Co	•)		
	Date 06/14/2024	Full name of contributor Landmark, Gregory Contributor address; City; Stat)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SVP Total Rewards			Travelers Indemnity Co	,		
	Date 06/28/2024	Full name of contributor Landmark, Gregory Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Total R	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor Larkin, Courtney Contributor address; City; Stat Hartford, CT 06183				Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 03/22/2024	Full name of contributor Larkin, Courtney Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.65
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		-					

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 154/303 Rpt: 157/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.65
	Dringing Loon	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out- Larkin, Courtney Contributor address; City; State; Zip				Amount of Contribution (\$)	\$86.54
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Gov't Rel			Travelers Indemnity Co	')		
	Date 05/03/2024	Full name of contributor out-clarkin, Courtney Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 05/17/2024	Larkin, Courtney				Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Larkin, Courtney)		Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 155/303 Rpt: 158/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$86.54
ρ	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	VP Gov't Re			Travelers Indemnity Co	,		
	Date 06/28/2024	Full name of contributor)		Amount of Contribution (\$)	\$86.54
	Dringing agg	Hartford, CT 06183		Employer (See Instructions			
	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu RVP Northla	pation / Job title (See Instructions) nd		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor Cawrence, Nicole Contributor address; City; State; 2 St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 156/303 Rpt: 159/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	5 Full name of contributor Lawrence, Nicole6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	RVP Northla			Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor Lawrence, Nicole Contributor address; City; Sta)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	Travelers indefinity Co	<u> </u>	Amount of Contribution (\$)	
	05/17/2024	Lawrence, Nicole Contributor address; City; Sta				(,,	\$20.00
	Delevie de la com	St. Paul, MN 55102		F	$\overline{\Gamma}$		
	RVP Northla	pation / Job title (See Instructions) nd		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor Lawrence, Nicole Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 06/28/2024	Full name of contributor Lawrence, Nicole Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RVP NOIHIIA	iiu	<u></u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 157/303 Rpt: 160/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
_	5	St. Louis, MO 63146	- la		<u></u>		
8	RVP Bond &	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor			•	Amount of Contribution (\$)	\$75.00
	Dringing! aggs	St. Louis, MO 63146		Employer (See Instructions	<u></u>		
	RVP Bond &	pation / Job title (See Instructions) : SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PA Lear, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions) . SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PA Lear, Mark Contributor address; City; State; Zip Code St. Louis, MO 63146				Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 05/03/2024	Full name of contributor out-of-state PA Lear, Mark Contributor address; City; State; Zip Code St. Louis, MO 63146)	•	Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 158/303 Rpt: 161/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
_		St. Louis, MO 63146					
8	Principal occu RVP Bond &	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor				Amount of Contribution (\$)	\$75.00
	Principal occu	St. Louis, MO 63146 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	RVP Bond &			Travelers Indemnity Co	,,		
	Date 06/14/2024	Full name of contributor out-of-state PA Lear, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PA Lear, Mark Contributor address; City; State; Zip Code St. Louis, MO 63146				Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PA Lefebvre, Mojgan Contributor address; City; State; Zip Code Belmont, MA 02478)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 159/303 Rpt: 162/30	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac		<u> </u>	L	00087159	
4	Date 03/22/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Belmont, MA 02478 pation / Job title (See Instructions)	. 16	Employer (See Instructions			
0		Tech & Ops Officer		Travelers Indemnity Co			
	EVF & CITIE	·		Travelers indefinitly Co	_		
	Date 04/05/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Belmont, MA 02478					
		pation / Job title (See Instructions)		Employer (See Instructions			
	EVP & Chief	Tech & Ops Officer		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$278.85
		Belmont, MA 02478					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
		Tech & Ops Officer		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$278.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	EVP & Chief	Tech & Ops Officer		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta Belmont, MA 02478	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$278.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP & Chief	Tech & Ops Officer		Travelers Indemnity Co			
			·				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 160/303 Rpt: 163/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/31/2024	Lefebvre, Mojgan	state PAC (ID#:		7	Amount of Contribution (\$)	\$278.85
_	Dringing aggr	Belmont, MA 02478	lo lo	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of- Lefebvre, Mojgan Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$278.85
	Principal occu	Belmont, MA 02478 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Tech & Ops Officer		Travelers Indemnity Co	,		
	Date 06/28/2024	Full name of contributor out-of- Lefebvre, Mojgan Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$278.85
		Belmont, MA 02478					
	•	pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Lego, Raymond				Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Lego, Raymond)		Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Managing O	Carioti Ciairi					

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 161/303 Rpt: 164/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state Proceedings of the contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$38.08
8	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
•	Managing Co	,	9	Travelers Indemnity Co	•)		
	Date 04/19/2024	Full name of contributor				Amount of Contribution (\$)	\$40.96
	Dringing age	Centennial, CO 80112		Employer (See Instructions	<u></u>		
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state Proceedings of the Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$40.96
		Centennial, CO 80112					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state P/Lego, Raymond Contributor address; City; State; Zip Code Centennial, CO 80112				Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state Proceedings of the Contributor address; City; State; Zip Code Centennial, CO 80112				Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	aaging Ot			The second maximum, Go			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 162/303 Rpt: 165/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Lego, Raymond Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.96
_		Centennial, CO 80112				
8		pation / Job title (See Instructions) ounsel Claim	9 Employer (See Instructions) Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Lego, Raymond Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.96
	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)	Employer (See Instructions			
		ounsel Claim	Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Levine, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219				
	Principal occu Sr Counsel	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Levine, Mark Contributor address; City; State; Zip Code Pittsburgh, PA 15219)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Levine, Mark Contributor address; City; State; Zip Code Pittsburgh, PA 15219)		Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 163/303 Rpt: 166/308	1
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$15.00
	Deinsinal assu	Pittsburgh, PA 15219		Frankrijer (Cookrativistiere	_		
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_Levine, Mark Contributor address; City; State; Zip Code Pittsburgh, PA 15219)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Levine, Mark Contributor address; City; State; Zip Code Pittsburgh, PA 15219)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
				<u>·</u>			

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 164/303 Rpt: 167/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)			00087159	
4	Date 03/08/2024	5 Full name of contributor Lim, Eunjin6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> 5)		
	Managing Di	ir Comml Accts		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Lim, Eunjin Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	мападіпд Di	ir Comml Accts		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Lim, Eunjin Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$19.52
		Glendale, CA 91203					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Comml Accts		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Lim, Eunjin Contributor address; City; State Glendale, CA 91203	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$20.29
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Comml Accts		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Lim, Eunjin Contributor address; City; State Glendale, CA 91203	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$20.29
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing Di	ir Comml Accts		Travelers Indemnity Co			
			·				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 165/303 Rpt: 168/30	8
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-state PAC (ID#:_ Lim, Eunjin 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.29
		Glendale, CA 91203				
8		pation / Job title (See Instructions) ir Comml Accts	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Lim, Eunjin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$21.29
	Dringing agg	Glendale, CA 91203	Employer (Coo Instructions			
		ipation / Job title (See Instructions) ir Comml Accts	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Lim, Eunjin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$21.54
		Glendale, CA 91203				
	•	pation / Job title (See Instructions) ir Comml Accts	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Lim, Eunjin Contributor address; City; State; Zip Code Glendale, CA 91203			Amount of Contribution (\$)	\$21.54
	•	Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Managing D Date	ir Comml Accts Full name of contributor Out-of-state PAC (ID#:_	Travelers Indemnity Co		Amount of Contribution (\$)	
	03/08/2024	Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017			Amount of Contribution (\$)	\$148.08
		upation / Job title (See Instructions) ate Communications	Employer (See Instructions Travelers Indemnity Co)		
	21. 23.691					

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 166/303 Rpt: 169/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/22/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$148.08
_	Deire sin al access	New York City, NY 10017	10	Fanda and (Cara Instructions	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor				Amount of Contribution (\$)	\$148.08
	Drincinal occu	New York City, NY 10017 pation / Job title (See Instructions)	1	Employer (See Instructions	·/ 		
		ate Communications		Travelers Indemnity Co	,		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$148.08
		New York City, NY 10017					
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	от согрого	acc communications	1				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 167/303 Rpt: 170/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$148.08
_	Deinsinal assu	New York City, NY 10017	_	Francis on (Cool matricetic no	<u></u>		
8		pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor				Amount of Contribution (\$)	\$148.08
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ate Communications		Travelers Indemnity Co	,,		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Linehan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$148.08
		New York City, NY 10017					
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 168/303 Rpt: 171/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$39.42
_	Deinsinal assu	Hartford, CT 06183	_	Franks var (Caa kastu atiana	<u></u>		
8	2VP Affinity	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor)		Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occur 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Llompart-Coley, Margarita Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occur 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				· · · · · ·			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 169/303 Rpt: 172/308	3
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC)		00087159	
4	Date 06/14/2024	Full name of contributor Llompart-Coley, Margarita Contributor address; City; S)	7	Amount of Contribution (\$)	\$40.77
_		Hartford, CT 06183	,				
8		pation / Job title (See Instructions	S) 9	Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Llompart-Coley, Margarita Contributor address; City; S				Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Loperfido, Dennis Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>l</u> ;)		
	VP HD of FI		<i></i>	Travelers Indemnity Co	,		
	Date 03/22/2024	Full name of contributor Loperfido, Dennis Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions Research	5)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor Loperfido, Dennis Contributor address; City; S St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	VP HD of FI	Research		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 170/303 Rpt: 173/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	Loperfido, Dennis	rt-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$50.00
Ω	Drincinal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/_		
•	VP HD of FI			Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor ou contributor Dennis Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$50.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	VP HD of FI			Travelers Indemnity Co	,		
	Date 05/17/2024	Full name of contributor ou contributor double contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor ou Loperfido, Dennis Contributor address; City; State; Zi				Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 06/28/2024	Full name of contributor ou Loperfido, Dennis Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	יו איט טו דו	Nescaron		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 171/303 Rpt: 174/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	Full name of contributor	te PAC (ID#:)	7	Amount of Contribution (\$)	\$84.62
_		Hartford, CT 06183	- la		<u></u>		
8		pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Malugen, William				Amount of Contribution (\$)	\$84.62
		Hartford, CT 06183		- 40	<u> </u>		
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-sta Malugen, William Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$84.62
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Malugen, William				Amount of Contribution (\$)	\$84.62
	'	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 05/03/2024	Malugen, William				Amount of Contribution (\$)	\$84.62
	·	pation / Job title (See Instructions) National Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
		Taxona / Toourito		avoicio indominity CO			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 172/303 Rpt: 175/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$42.31
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8		pation / Job title (See Instructions) National Accounts	9	Employer (See Instructions Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-o Mannoochahr, Mano Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$57.69
	Deinstead	Hartford, CT 06183		Farabasa (Osabastas tisas	_		
	•	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-o Mannoochahr, Mano Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 04/05/2024	Mannoochahr, Mano	f-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
	·	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 04/19/2024	Full name of contributor out-o Mannoochahr, Mano Contributor address; City; State; Zip 0 Hartford, CT 06183	f-state PAC (ID#:)		Amount of Contribution (\$)	\$57.69
	·	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	SVI SINCID	and maynos oron	L				

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 173/303 Rpt: 176/308	3
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political A	ction Committee (T-PA	C)			00087159	
4	Date 05/03/2024	5 Full name of contributor Mannoochahr, Mano6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183						
8	Principal occu	I pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u>. </u>		
		ata&Analytics Ofcr	,		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:		`		Amount of Contribution (\$)	
	05/17/2024	Mannoochahr, Mano	U out-of-state i AC (ID#				ranount of Continuation (¢)	\$57.69
	00/11/2024	Contributor address; City; S	ate; Zip Code					ψ01.00
		Hartford, CT 06183						
	•	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	SVP Chief D	ata&Analytics Ofcr			Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Mannoochahr, Mano Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	SVP Chief D	ata&Analytics Ofcr			Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Mannoochahr, Mano Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$57.69
	•	pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	SVP Chief D	ata&Analytics Ofcr			Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Mannoochahr, Mano Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183				L		
		pation / Job title (See Instructions ata&Analytics Ofcr	s) 		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 174/303 Rpt: 177/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	5 Full name of contributor Mariani, Leonard	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$38.46
_	Dringing Lagra	Hartford, CT 06183	la la	Frankrian (Cook bathurtian			
8	SVP Nationa	pation / Job title (See Instructions) al Markets	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor Mariani, Leonard Contributor address; City; State;				Amount of Contribution (\$)	\$38.46
	Dringing Lagra	Hartford, CT 06183		Frankrian (Cook bathurtian	_		
	SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor Mariani, Leonard Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor Mariani, Leonard Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor Mariani, Leonard Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	21						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 175/303 Rpt: 178/308	3
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/17/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$38.46
_	<u> </u>	Hartford, CT 06183	0.5.1.00			
8	SVP Nationa		9 Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Mariani, Leonard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183	Employer (See Instructions			
	SVP Nationa		Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Mariani, Leonard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183				
	Principal occu SVP Nationa	pation / Job title (See Instructions) al Markets	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Mariani, Leonard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183 spation / Job title (See Instructions)	Employer (See Instructions)		
	SVP Nationa	al Markets	Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Marino, Mark Contributor address; City; State; Zip Code Philadelphia, PA 19102)		Amount of Contribution (\$)	\$20.19
	Principal occu 2VP Bond &	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 176/303 Rpt: 179/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	()		00087159	
4	Date 03/22/2024	5 Full name of contributor Marino, Mark6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102					
8	Principal occu	pation / Job title (See Instructions) g	Employer (See Instructions	<u>L</u> S)		
	2VP Bond &	SI		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Marino, Mark Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$20.19
		Philadelphia, PA 19102	_				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	2VP Bond &	SI		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Marino, Mark Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.80
		Philadelphia, PA 19102					
	·	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	2VP Bond &	SI		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Marino, Mark Contributor address; City; St Philadelphia, PA 19102	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.80
	Principal occu 2VP Bond &	pation / Job title (See Instructions SI)	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor Marino, Mark Contributor address; City; St Philadelphia, PA 19102	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.80
	Principal occu 2VP Bond &	pation / Job title (See Instructions SI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 177/303 Rpt: 180/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$20.80
Ω	Principal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
_	2VP Bond &			Travelers Indemnity Co	•)		
	Date 06/14/2024	Full name of contributor				Amount of Contribution (\$)	\$20.80
	Dringing agg	Philadelphia, PA 19102		Employer (Con Instructions	<u></u>		
	2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-standarino, Mark Contributor address; City; State; Zip Coc	ate PAC (ID#:			Amount of Contribution (\$)	\$20.80
		Philadelphia, PA 19102					
	2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	McBrien, Peter				Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 03/22/2024	McBrien, Peter)		Amount of Contribution (\$)	\$40.38
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	5 5.0 20						

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 178/303 Rpt: 181/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	McBrien, Peter	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$40.38
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	VP Circle Le			Travelers Indemnity Co	')		
	Date 04/19/2024	Full name of contributor on the state of contributor on the state; Zim Contributor address; City; City; State; Zim Contributor address; City;	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$41.63
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out on McBrien, Peter Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.63
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	McBrien, Peter				Amount of Contribution (\$)	\$41.63
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 05/31/2024	Full name of contributor on McBrien, Peter Contributor address; City; State; Zin Hartford, CT 06183	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.63
	Principal occu VP Circle Le	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	5 5.0 20						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 179/303 Rpt: 182/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor McBrien, Peter	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.63
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	١٩	Employer (See Instructions	-, 		
Ŭ	VP Circle Le			Travelers Indemnity Co	',		
	Date 06/28/2024	Full name of contributor McBrien, Peter Contributor address; City; State				Amount of Contribution (\$)	\$41.63
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor McCormack, Karen Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248			<u> </u>		
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor McCormack, Karen Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.66
	Principal occu	Hebron, CT 06248 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	2VP Comple	x Clm Liab Spec		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor McCormack, Karen Contributor address; City; State Hebron, CT 06248	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVP Comple	л Спп шар эрес		mavelers indefiniting CO			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 180/303 Rpt: 183/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 04/19/2024	5 Full name of contributor McCormack, Karen6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>. </u>		
		ex Clm Liab Spec		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor McCormack, Karen Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
		pation / Job title (See Instructions)	Employer (See Instructions			
	2VP Comple	x Clm Liab Spec		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor McCormack, Karen Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Comple	ex Clm Liab Spec		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$16.66
	·	pation / Job title (See Instructions)	Employer (See Instructions	•		
	2VP Comple	ex Clm Liab Spec		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor McCormack, Karen Contributor address; City; St Hebron, CT 06248	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$16.66
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Comple	x Clm Liab Spec		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 181/303 Rpt: 184/308	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 03/08/2024	 Full name of contributor McPadden, Michael Contributor address; City; S 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$38.65
	Driveries	Windsor, CT 06095		2 Familian (Oct Institute	ti		
8		pation / Job title (See Instructions	5)	9 Employer (See Instruc			
	ZVP Claim P	Prod Dev&Strat		Travelers Indemnity	C0		
	Date 03/22/2024	Full name of contributor McPadden, Michael Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095	<u>.</u>				
		pation / Job title (See Instructions	5)	Employer (See Instruc			
	2VP Claim P	Prod Dev&Strat		Travelers Indemnity	Co		
	Date 04/05/2024	Full name of contributor McPadden, Michael Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.65
		Windsor, CT 06095					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruc	tions)		
	2VP Claim P	Prod Dev&Strat		Travelers Indemnity	Со		
	Date	Full name of contributor	out-of-state PAC (ID#:		<u>, </u>	Amount of Contribution (\$)	
	04/19/2024	McPadden, Michael Contributor address; City; S Windsor, CT 06095				(4)	\$39.62
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	tions)		
	2VP Claim P	Prod Dev&Strat		Travelers Indemnity	Со		
	Date 05/03/2024	Full name of contributor McPadden, Michael	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$39.62
		Contributor address; City; S Windsor, CT 06095	tate; Zip Code				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	tions)		
	2VP Claim P	Prod Dev&Strat		Travelers Indemnity	Со		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 182/303 Rpt: 185/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor ou ou McPadden, Michael	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$39.62
_	Dringing Lagor	Windsor, CT 06095	lo lo	Frankrian (Cookersting)	<u></u>		
8		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095			<u> </u>		
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095					
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zij	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 03/08/2024	Full name of contributor ou McPhee, Scott Contributor address; City; State; Zij Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.65
	·	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
		a. a. r. may uvo		Travoloro machinity GO			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 183/303 Rpt: 186/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/22/2024	 5 Full name of contributor out-of-state in McPhee, Scott 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.65
_	Deinsinal assu	Hartford, CT 06183	10	Franks von (Cookstant)	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state of McPhee, Scott Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$38.65
	Delicalization	Hartford, CT 06183	-	Foundation (October 1997)			
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state in McPhee, Scott Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state I McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$39.62
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state in McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 184/303 Rpt: 187/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travelei	rs Companies, Inc. Political Act	tion Committee (T-PAC	3)		00087159	
4	Date 05/31/2024	5 Full name of contributorMcPhee, Scott6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> 5)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor McPhee, Scott Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor McPhee, Scott Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	2VP Actuaria	al & Analytics		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 185/303 Rpt: 188/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	()	L	00087159	
4	Date 04/05/2024	5 Full name of contributor [Melillo, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor [Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Group Gene			Travelers Indemnity Co	,		
	Date 05/17/2024	Full name of contributor [Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Melillo, Lisa Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Group Gene	ral Counsel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 186/303 Rpt: 189/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state PAC (ID Melillo, Lisa Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/-		
0	Group Gene		9	Travelers Indemnity Co	·)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 187/303 Rpt: 190/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
0	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la.	Employer (See Instructions	<u>''</u>		
•		el Gov't Relations	9	Travelers Indemnity Co	»)		
	Date 05/17/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$75.00
	Deinstead	Hartford, CT 06183		Faralagae (O. a. la decetion			
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID: Miletti, John Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID: Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID: Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$75.00
	·	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 188/303 Rpt: 191/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC (IE Miley, Robert 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$126.15
	Dringing age	Hartford, CT 06183	اما	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) Counsel-SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (IE Miley, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$126.15
	Deinsinal assu	Hartford, CT 06183			<u></u>		
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (IE Miley, Robert Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$126.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (IE Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$130.77
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (IE Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$130.77
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	2.500 5011						

	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 189/303 Rpt: 192/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-state PAC (If Miley, Robert 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$130.77
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Counsel-SRG	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (II Miley, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$130.77
	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 06/14/2024			•	Amount of Contribution (\$)	\$130.77	
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (II Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$130.77
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (II Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112			•	Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	5						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 190/303 Rpt: 193/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Mills, Timothy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112				
8	Principal occu RVP SRG	pation / Job title (See Instructions)	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_Mills, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112				
	Principal occu RVP SRG	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_Mills, Timothy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112				
	Principal occu RVP SRG	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$61.15
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Mills, Timothy Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$61.15
	Principal occu RVP SRG	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		

	MONEI	ARY POLITICAL COI	VIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 191/303 Rpt: 194/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action	Committee (T-PAC)			00087159	
4	Date 05/31/2024	 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$61.15
_		Centennial, CO 80112	la				
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	RVP SRG			Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP SRG			Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP SRG			Travelers Indemnity Co	,		
	Date 03/08/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.60
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Reg'l UW Of	ficer Bond & SI		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 192/303 Rpt: 195/308	3
2	FILER NAME					3	•	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 04/05/2024	5 Full name of contributor Minoux, Marshall6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions)		
		ficer Bond & SI	,		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Minoux, Marshall Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183						
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	Reg'l UW Of	ficer Bond & SI			Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Minoux, Marshall Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183						
	Principal occu	I pation / Job title (See Instructions	3)		Employer (See Instructions)		
	Reg'l UW Of	ficer Bond & SI		-	Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Minoux, Marshall Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions	5)	I	Employer (See Instructions)		
	Reg'l UW Of	ficer Bond & SI		-	Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Minoux, Marshall Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$22.60
	Principal occu	pation / Job title (See Instructions	5)	ı	Employer (See Instructions)		
	Reg'l UW Of	ficer Bond & SI			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 193/303 Rpt: 196/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	 Full name of contributor out-of-state PAC (ID#:_Minoux, Marshall Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$22.60
8	Dringinal occu	Hartford, CT 06183	۵	Employer (See Instructions	·/-		
•		pation / Job title (See Instructions) ficer Bond & SI	9	Travelers Indemnity Co	»)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Minoux, Marshall Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183	_		<u></u>		
		pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
		pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$93.75
	•	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$93.75
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	· · · · · · · · · · · · · · · · · · ·		1				

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDULI	A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 194/303 Rpt: 197/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (1	Γ-PAC)			00087159	
4	Date 04/19/2024	 Full name of contributor	(ID#:		7	Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code	I			Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$93.75
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$93.75
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:			Amount of Contribution (\$)	\$97.36
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 195/303 Rpt: 198/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.96
_	Deinsinal assu	Hartford, CT 06183	10	Francis var (Caa Jacks ations	_		
8	VP Product I	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 03/08/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 03/22/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Montville, Sandra Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	j)		
	Date 04/19/2024	Full name of contributor Grand of Montville, Sandra Contributor address; City; State; 2 Centennial, CO 80112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
			l	-			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 196/303 Rpt: 199/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	·	e PAC (ID#:)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112	1				
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Montville, Sandra				Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state Montville, Sandra Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Montville, Sandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 06/28/2024	Montville, Sandra				Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 197/303 Rpt: 200/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
_	Deinsinal sass	Hartford, CT 06183		Franks var (Caa Instructions			
8		pation / Job title (See Instructions) onst Energy Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (Morgan, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183			L		
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (Morgan, Lisa Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$75.00
	·	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
		Shot Energy mainte		Travelers indefining 60			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 198/303 Rpt: 201/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
8	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
•		onst Energy Marine		Travelers Indemnity Co	·)		
	Date 05/31/2024	Full name of contributor out-of-state PAC Morgan, Lisa Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (Morgan, Lisa Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC of Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (Mouthaan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$39.42
	Principal occu 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Data Me						

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to compl	ete this forn	m.	1	Total pages Schedule A1: Sch: 199/303 Rpt: 202/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state Mouthaan, Lisa	te PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	2VP Data Ma		9	Travelers Indemnity Co	·)		
	Date 04/05/2024	Mouthaan, Lisa)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
2VP Data Management Date Full name of contributor out-of-state PAC (ID#:		1 Travelers indefinity Co	Г	Amount of Contribution (\$)			
	04/19/2024	Mouthaan, Lisa Contributor address; City; State; Zip Code				(,)	\$42.88
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Mouthaan, Lisa)		Amount of Contribution (\$)	\$42.88
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Mouthaan, Lisa)		Amount of Contribution (\$)	\$42.88
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Data Ma	anayement		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 200/303 Rpt: 203/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u>(</u>)		00087159	
4	Date 05/31/2024	5 Full name of contributorMouthaan, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$42.88
	Dringing Loop	Hartford, CT 06183		2. Frankriger (Cool Instructions			
8		pation / Job title (See Instructions))	Employer (See Instructions Travelors Indomnity Co.			
	2VP Data Ma			Travelers Indemnity Co	_		
	Date 06/14/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183					
		pation / Job title (See Instructions))	Employer (See Instructions			
	2VP Data Ma	anagement 		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	2VP Data Ma			Travelers Indemnity Co	•		
	Date 03/08/2024	Full name of contributor Nelson, Eric Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions))	Employer (See Instructions			
	SVP Catastr	ophe Risk Mgmt		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Nelson, Eric Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$70.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	SVP Catastr	ophe Risk Mgmt		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 201/303 Rpt: 204/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	 5 Full name of contributor out-of-state PAC (II Nelson, Eric 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$70.00
8	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>,,</u>		
0	•	ophe Risk Mgmt		Travelers Indemnity Co	»)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$70.00
	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	·/-		
	•	ophe Risk Mgmt		Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$70.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	D#:)	•	Amount of Contribution (\$)	\$70.00
	·	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	J. Galasti	Sp					

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 202/303 Rpt: 205/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	Nelson, Eric	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$70.00
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u>, </u>		
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor out Nelson, Eric Contributor address; City; State; Zip				Amount of Contribution (\$)	\$70.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	•	ophe Risk Mgmt		Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out Nestheide, James Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out Nestheide, James Contributor address; City; State; Zip Cincinnati, OH 45202	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$25.00
	'	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out Nestheide, James Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 203/303 Rpt: 206/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	5 Full name of contributor Nestheide, James6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
0	Dringing Lagge	Cincinnati, OH 45202	lo.	Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Nestheide, James Contributor address; City; State				Amount of Contribution (\$)	\$25.00
	Principal occu	Cincinnati, OH 45202 pation / Job title (See Instructions)		Employer (See Instructions) 		
	•	ent-Field Mgmt		Travelers Indemnity Co	',		
	Date 05/17/2024	Full name of contributor Nestheide, James Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor Nestheide, James Contributor address; City; State Cincinnati, OH 45202	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
	'	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor Nestheide, James Contributor address; City; State Cincinnati, OH 45202	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	<u> </u>	J					

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 204/303 Rpt: 207/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$288.46
•	Dringinal accu	New York City, NY 10017	ام	Employer (See Instructions	·/-		
0		pation / Job title (See Instructions) ev & Pres Int'l	l ^s	Employer (See Instructions TCI Global Services Inc			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID# Olivo, Maria Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	•	ev & Pres Int'l		TCI Global Services Inc			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Olivo, Maria Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$288.46
		New York City, NY 10017			<u>_</u>		
	•	pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc	•		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID) Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$288.46
		pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc			
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID# Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$288.46
	•	pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc			
	EVI Sual De	ov a rico mai		TOT OTOBAL SELVICES HIL			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 205/303 Rpt: 208/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024	Olivo, Maria 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$288.46
8	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	9 Employer (See Instructions			
_		ev & Pres Int'l	TCI Global Services Inc			
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Olivo, Maria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Employer (See Instructions)		
		ev & Pres Int'l	TCI Global Services Inc			
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Olivo, Maria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$288.46
		New York City, NY 10017				
		pation / Job title (See Instructions) ev & Pres Int'l	Employer (See Instructions TCI Global Services Inc)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Olivo, Maria Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$288.46
	•	upation / Job title (See Instructions) ev & Pres Int'l	Employer (See Instructions TCI Global Services Inc)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005			Amount of Contribution (\$)	\$41.35
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 206/303 Rpt: 209/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005				
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$41.35
		Alpharetta, GA 30005				
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005				
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005)		Amount of Contribution (\$)	\$43.65
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005)		Amount of Contribution (\$)	\$43.65
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 207/303 Rpt: 210/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005				
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005				
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Pascale, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005				
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$37.31
		pation / Job title (See Instructions) y Large Loss	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$37.31
		pation / Job title (See Instructions) y Large Loss	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 208/303 Rpt: 211/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor Penn, Timothy 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$37.31
		Hartford, CT 06183					
8	·	pation / Job title (See Instructions) y Large Loss	9	Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor [Penn, Timothy Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$38.08
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	2VP Property	y Large Loss		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor [Penn, Timothy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$38.08
		Hartford, CT 06183					
		pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Penn, Timothy Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$38.08
		pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Penn, Timothy Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.08
		pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
		, 90	<u> </u>				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 209/303 Rpt: 212/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor out	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.08
_	Delicalization	Hartford, CT 06183	- la	Faralassa (Ossalassas dise			
8	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out Penn, Timothy Contributor address; City; State; Zip				Amount of Contribution (\$)	\$38.08
	D: : 1	Hartford, CT 06183	1	5 1 (0 1 1 1			
	-	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out Porcello, Suzanne Contributor address; City; State; Zig	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
Date 03/22/2024		Porcello, Suzanne	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out Porcello, Suzanne Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 210/303 Rpt: 213/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	 Full name of contributor out-of-state F out-of-	PAC (ID#:)	7	Amount of Contribution (\$)	\$31.73
_	Deireirel	Hartford, CT 06183	la la	Farada e a (O a de atro etta e a	<u></u>		
8	VP Finance	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state Porcello, Suzanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183	·····				
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state F Porcello, Suzanne Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 06/14/2024	Full name of contributor out-of-state F Porcello, Suzanne Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 211/303 Rpt: 214/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID# Porcello, Suzanne 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$31.73
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	VP Finance Date 03/08/2024	Full name of contributor out-of-state PAC (ID# Quinn, Robert Contributor address; City; State; Zip Code		Travelers Indemnity Co		Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	Morristown, NJ 07960 pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID# Quinn, Robert Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	Morristown, NJ 07960 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Quinn, Robert)	-	Amount of Contribution (\$)	\$36.25
	Principal occu Sales Directo	Morristown, NJ 07960 pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Quinn, Robert				Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 212/303 Rpt: 215/308	3
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4		5/03/2024 Quinn, Robert 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$37.12
_		Morristown, NJ 07960				
8	Principal occu Sales Direct	pation / Job title (See Instructions) or Select	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Quinn, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.12
	Principal occu	Morristown, NJ 07960 pation / Job title (See Instructions)	Employer (See Instructions			
	Sales Direct		Travelers Indemnity Co	,		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Quinn, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.12
		Morristown, NJ 07960				
	Principal occu Sales Direct	pation / Job title (See Instructions) or Select	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_Quinn, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$37.12
	Principal occu	Morristown, NJ 07960 upation / Job title (See Instructions)	Employer (See Instructions)		
	Sales Direct	or Select	Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$37.12
	Principal occu	upation / Job title (See Instructions) or Select	Employer (See Instructions Travelers Indemnity Co)		
	230 2000					

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 213/303 Rpt: 216/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Dringing! goog	St. Paul, MN 55102	lo.	Employer (See Instructions	<u>''</u>		
0	SVP Portfolio	pation / Job title (See Instructions) o Mgmt	9	Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	SVP Portfolio			Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor out-of-state Raarup, Thor Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co	•		
	Date 04/19/2024	Raarup, Thor	PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state Raarup, Thor Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$25.00
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 214/303 Rpt: 217/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	Raarup, Thor	t-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
8	Dringinal accu	St. Paul, MN 55102	lo.	Employer (See Instructions	_		
0	SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Travelers Indemnity Co	')		
	Date 06/14/2024	Full name of contributor ou Raarup, Thor Contributor address; City; State; Zi				Amount of Contribution (\$)	\$25.00
	Dringinal accu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions			
	SVP Portfolio			Travelers Indemnity Co	')		
	Date 06/28/2024	Full name of contributor ou Raarup, Thor Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		St. Paul, MN 55102					
	Principal occu SVP Portfolio	pation / Job title (See Instructions) o Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor ou Rackliffe, Heather Contributor address; City; State; Zij Farmington, CT 06032	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$25.96
	·	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor ou Rackliffe, Heather Contributor address; City; State; Zi Farmington, CT 06032	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.96
		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Jr. 245. 3y3	Constant		The vote of machinity Go			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 215/303 Rpt: 218/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/05/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.96
_		Farmington, CT 06032	- la	5 1 (0 1 : :			
8		pation / Job title (See Instructions) tems Consultant	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor			•	Amount of Contribution (\$)	\$26.73
	Drincinal occu	Farmington, CT 06032 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	•	tems Consultant		Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor out-of-state P Rackliffe, Heather Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032					
		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor out-of-state P Rackliffe, Heather Contributor address; City; State; Zip Code Farmington, CT 06032				Amount of Contribution (\$)	\$26.73
	•	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 05/31/2024	Full name of contributor out-of-state P Rackliffe, Heather Contributor address; City; State; Zip Code Farmington, CT 06032	PAC (ID#:			Amount of Contribution (\$)	\$26.73
		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 216/303 Rpt: 219/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	<u> </u>	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032					
8		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 06/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$26.73
	Dringing agg	Farmington, CT 06032		Employer (See Instructions	·/		
	-	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Ramalho, Sean	of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Ramalho, Sean	of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2						

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 217/303 Rpt: 220/30	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political Ad		C)	L	00087159	
4	Date 04/19/2024	5 Full name of contributorRamalho, Sean6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$105.29
8	Principal occu	Melville, NY 11747 pation / Job title (See Instructions) [0	9 Employer (See Instructions			
Ü	BI Field Vice		,	Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Ramalho, Sean Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$122.60
	Delegalent	Melville, NY 11747	<u>, </u>	Faralana (Osa katanatian	<u> </u>		
	BI Field Vice	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co			
					_		
	Date 05/17/2024	Full name of contributor Ramalho, Sean Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$122.60
		Melville, NY 11747					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	BI Field Vice		,	Travelers Indemnity Co	•		
	Date 05/31/2024	Full name of contributor Ramalho, Sean Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions President)	Employer (See Instructions Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Ramalho, Sean Contributor address; City; St Melville, NY 11747	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$122.60
		pation / Job title (See Instructions)	Employer (See Instructions			
	BI Field Vice	President		Travelers Indemnity Co			
_					_		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 218/303 Rpt: 221/30	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 06/28/2024	5 Full name of contributor Ramalho, Sean6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$122.60
8	Principal occu	Melville, NY 11747 pation / Job title (See Instructions	s) [9	9 Employer (See Instructions	s)		
Ü	BI Field Vice		''	Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Rawlings, Stacey Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	RVP Select a	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Rawlings, Stacey Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$46.73
		Lancaster, PA 17601					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s) 		
		& BI Fld Sls & Dst	,	Travelers Indemnity Co	•		
	Date 04/05/2024	Full name of contributor Rawlings, Stacey Contributor address; City; St Lancaster, PA 17601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.73
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	RVP Select 8	& BI Fld Sls & Dst		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Rawlings, Stacey Contributor address; City; St Lancaster, PA 17601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$47.69
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	RVP Select	& BI Fld Sls & Dst		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 219/303 Rpt: 222/308	3
2	FILER NAME					3	•	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	.C)			00087159	
4	Date 05/03/2024	5 Full name of contributor Rawlings, Stacey6 Contributor address; City; States	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	<u> </u>		
	RVP Select	& BI Fld Sls & Dst			Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Rawlings, Stacey Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601						
		pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	RVP Select	& BI Fld Sls & Dst			Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Rawlings, Stacey Contributor address; City; S	out-of-state PAC (ID#:_ :::::::::::::::::::::::::::::::::::)		Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	RVP Select	& BI Fld Sls & Dst			Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Rawlings, Stacey Contributor address; City; Si Lancaster, PA 17601	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$47.69
	•	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	RVP Select	& BI Fld Sls & Dst			Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Rawlings, Stacey Contributor address; City; S Lancaster, PA 17601	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$47.69
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	()		
	RVP Select	& BI Fld Sls & Dst			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 220/303 Rpt: 223/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Reagin, Tammy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$24.50
_	Dringing Logg	Richmond, VA 23233	• Employer (Con Instructions			
8	Dir Cash Co		9 Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Reagin, Tammy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.50
	Principal occu	Richmond, VA 23233 spation / Job title (See Instructions)	Employer (See Instructions)		
	Dir Cash Co		Travelers Indemnity Co	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Reagin, Tammy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.50
		Richmond, VA 23233				
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Reagin, Tammy Contributor address; City; State; Zip Code Richmond, VA 23233			Amount of Contribution (\$)	\$24.98
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Reagin, Tammy Contributor address; City; State; Zip Code Richmond, VA 23233)		Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	npation / Job title (See Instructions) ntrol	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 221/303 Rpt: 224/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor out	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.98
8	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Dir Cash Co			Travelers Indemnity Co	,		
	Date 05/31/2024	Full name of contributor out Reagin, Tammy Contributor address; City; State; Zip				Amount of Contribution (\$)	\$24.98
		Richmond, VA 23233					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Cash Co			Travelers Indemnity Co	_	A	
	Date 06/14/2024	Reagin, Tammy Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$24.98
		Richmond, VA 23233					
	Principal occu Dir Cash Cor	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out Reagin, Tammy Contributor address; City; State; Zip				Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 03/08/2024	Full name of contributor out Reimer, Raymond Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 222/303 Rpt: 225/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	 Full name of contributor out-of-state PAC Reimer, Raymond Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Duinning Langu	Hartford, CT 06183	lo.	Frankriau (Caa kastuustiaus			
8		pation / Job title (See Instructions) Actuary Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 04/05/2024	Full name of contributor out-of-state PAC Reimer, Raymond Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringing oggu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		Actuary Bond & SI		Travelers Indemnity Co	·)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Reimer, Raymond Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 05/17/2024	Full name of contributor out-of-state PAC Reimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183	I C (ID#:			Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	21. & 0.1101						

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 223/303 Rpt: 226/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-state PAC (IE Reimer, Raymond 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
0	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	,, 		
•	SVP & Chief	Actuary Bond & SI	9	Travelers Indemnity Co	·)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (IE Reimer, Raymond Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringing oggu	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	<u></u>		
		Actuary Bond & SI		Travelers Indemnity Co	·)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (IE Roen, Erik Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (IE Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (IE Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.67
	·	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 224/303 Rpt: 227/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	 Full name of contributor out-of-state P. Roen, Erik Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$45.67
_	Dringing aggr	Hartford, CT 06183	- 10	Employer (Co.) Instructions	<u></u>		
0		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 05/03/2024	Full name of contributor out-of-state P. Roen, Erik Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.67
	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>,,</u>		
		Business Intel		Travelers Indemnity Co	o)		
	Date 05/17/2024	Full name of contributor out-of-state P. Roen, Erik Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state P. Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state P. Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	5 5.0 & 1	- 10550 m.c.					

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 225/303 Rpt: 228/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state P/Roen, Erik Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$45.67
_	Deinning Langu	Hartford, CT 06183	l _o	Frankston (Cookstants)			
8		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAR Rogers, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183	-		<u></u>		
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PARogers, Timothy Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PARogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 04/19/2024	Full name of contributor out-of-state PARogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	SVI CIO &	CCC Dualificas ilia		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 226/303 Rpt: 229/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state PAR Rogers, Timothy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_		Hartford, CT 06183			Ĺ		
8		pation / Job title (See Instructions) COO Business Ins	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor				Amount of Contribution (\$)	\$20.00
	Delicational	Hartford, CT 06183		Formula con (October American			
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor out-of-state PA Rogers, Timothy Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	′		
	Date 06/28/2024	Full name of contributor out-of-state PA Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PARohlfing, James Contributor address; City; State; Zip Code Morristown, NJ 07960				Amount of Contribution (\$)	\$40.77
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	5		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm	ı .	1	Total pages Schedule A1: Sch: 227/303 Rpt: 230/308	3
2	FILER NAME					3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 03/22/2024	Full name of contributor Rohlfing, JamesContributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960						
8	Principal occu	pation / Job title (See Instructions	3)	9)		
		ounsel Claim	,		Travelers Indemnity Co	,		
	Date	Full name of contributor	Davit of state DAC (ID)		,		Amount of Contribution (\$)	
	04/05/2024	Rohlfing, James	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$40.77
		Contributor address; City; S	iate; Zip Code					
		Morristown, NJ 07960						
		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	Managing Co	ounsel Claim			Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID 04/19/2024 Rohlfing, James Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960	aato, zip code					
	Principal occu	pation / Job title (See Instructions	5)	ı	Employer (See Instructions)		
	Managing Co	ounsel Claim		-	Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Rohlfing, James Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960	·					
		pation / Job title (See Instructions ounsel Claim	5)		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor Rohlfing, James	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.77
		Contributor address; City; S Morristown, NJ 07960	ate; Zip Code					
	Principal occu	pation / Job title (See Instructions	5)	ı	Employer (See Instructions)		
	Managing Co	ounsel Claim		-	Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 228/303 Rpt: 231/308	8
2	FILER NAME				3	•	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PA	C)	L	00087159	
4	Date 05/31/2024	5 Full name of contributor Rohlfing, James6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.77
_		Morristown, NJ 07960	, 1				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Managing Co	ounsel Claim		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Rohlfing, James Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions	(i)	Employer (See Instructions			
			Travelers Indemnity Co				
	Date 06/28/2024	Full name of contributor Rohlfing, James Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
		ounsel Claim	,	Travelers Indemnity Co	,		
	Date 03/08/2024	Full name of contributor Rowland, David Contributor address; City; St St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Rowland, David Contributor address; City; St St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 229/303 Rpt: 232/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	St. Paul, MN 55102	lo.	Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PA Rowland, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Dringing Lagra	St. Paul, MN 55102		Franksian (Caa Instructions	<u></u>		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PA Rowland, David Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102					
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor out-of-state PA Rowland, David Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PA Rowland, David Contributor address; City; State; Zip Code St. Paul, MN 55102	C (ID#:)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	27. 00-01111	5. III Samon Ono		voicio macrimity 60			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 230/303 Rpt: 233/30	8
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Rowland, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Dringing age	St. Paul, MN 55102	• Employer (Con Instructions			
8		pation / Job title (See Instructions) ef Investment Offcr	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ryczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$69.23
	District	Hartford, CT 06183	Farabasa (Osabastastisas			
		pation / Job title (See Instructions) . SI Claim Ops	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ryczek, Ellen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$69.23
		Hartford, CT 06183				
		pation / Job title (See Instructions) . SI Claim Ops	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$69.23
	•	pation / Job title (See Instructions) SI Claim Ops	Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$71.31
		upation / Job title (See Instructions) . SI Claim Ops	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 231/303 Rpt: 234/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	 5 Full name of contributor out-of-state PARyczek, Ellen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$71.31
	Dringing agg	Hartford, CT 06183	ا ا	Employer (See Instructions	<u>''</u>		
•		pation / Job title (See Instructions) SI Claim Ops	9	Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$71.31
		Hartford, CT 06183					
	-	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$71.31
		Hartford, CT 06183					
		pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$71.31
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor out-of-state PARyczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$71.31
	•	ipation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	211 23114 (4						

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 232/303 Rpt: 235/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	 Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
0	Dringing Loon	St. Paul, MN 55102		Employer (Coo Instructions	<u></u>		
8	SVP Corpora			Employer (See Instructions Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SVP Corpora			Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code	: (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Ovi Sorpore			The state of the s			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 233/303 Rpt: 236/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	 5 Full name of contributor out-of-state Rynda, Scott 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102	la la	Employer (See Instructions	<u>''</u>		
•	SVP Corpora	pation / Job title (See Instructions) ate Tax		Travelers Indemnity Co	·)		
	Date 06/14/2024	Rynda, Scott	e PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP Corpora			Travelers Indemnity Co	-,		
	Date 06/28/2024	Full name of contributor out-of-state Rynda, Scott Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Schwartz, Peter			•	Amount of Contribution (\$)	\$68.27
	·	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	e PAC (ID#:			Amount of Contribution (\$)	\$68.27
	•	pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	21. 33.930	, 1 , p = 1					

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 234/303 Rpt: 237/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/05/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$68.27
_	Discipal	Hartford, CT 06183		Faralas a (Osas la structiona	<u></u>		
8	·	pation / Job title (See Instructions) CCorpLit &AsstCorpSec	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (Schwartz, Peter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (Schwartz, Peter Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$68.27
		Hartford, CT 06183					
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$68.27
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (Schwartz, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$68.27
		pation / Job title (See Instructions) CCorpLit &AsstCorpSec		Employer (See Instructions Travelers Indemnity Co	5)		
	31. QOIPOC	25.,21. & 65.65., p000					

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 235/303 Rpt: 238/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-state PAC (IE Schwartz, Peter 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$68.27
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>''</u>		
•	•	CCorpLit &AsstCorpSec	9	Travelers Indemnity Co	»)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (IE Scoll, Matthew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (IE Scoll, Matthew Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$24.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (IE Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.33
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (IE Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	ccoo oroup	J. J					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 236/303 Rpt: 239/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	5)	L	00087159	
4	Date 05/03/2024	5 Full name of contributor [Scoll, Matthew6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		Gen Counsel-Claim		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Scoll, Matthew Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183	_				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor [Scoll, Matthew Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Scoll, Matthew Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.48
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Scoll, Matthew Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$25.48
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 237/303 Rpt: 240/308	3
2	FILER NAME				3	`	Filers)
	The Traveler	s Companies, Inc. Political A	ction Committee (T-PAC	C)		00087159	
4	Date 03/08/2024	 5 Full name of contributor Scudieri, Jonathan 6 Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s) [Employer (See Instruction	<u> </u>		
Ü	VP Ent Mark			Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Scudieri, Jonathan Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
		pation / Job title (See Instructions	3)	Employer (See Instruction			
	VP Ent Mark	et Research		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Scudieri, Jonathan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instruction	<u> </u>		
	VP Ent Mark		,	Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Scudieri, Jonathan Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions et Research	(3)	Employer (See Instruction Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Scudieri, Jonathan Contributor address; City; S Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
		pation / Job title (See Instructions	5)	Employer (See Instruction			
	VP Ent Mark	et Research		Travelers Indemnity Co			
_							

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 238/303 Rpt: 241/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-	state PAC (ID#:		7	Amount of Contribution (\$)	\$52.88
_	Dringing age	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8	VP Ent Mark	pation / Job title (See Instructions) et Research	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of- Scudieri, Jonathan Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$52.88
	<u> </u>	Hartford, CT 06183		5 1 (0 1 : "	<u></u>		
	VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of- Scudieri, Jonathan Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Scudieri, Jonathan	state PAC (ID#: ode		•	Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Seaver, Vincent	state PAC (ID#:)	•	Amount of Contribution (\$)	\$44.81
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	• • • • • • • • • • • • • • • • • •						

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 239/303 Rpt: 242/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$44.81
8		Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 04/05/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code		Travelers Indemnity Co	•	Amount of Contribution (\$)	\$44.81
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$45.77
		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	-		
	Date 05/03/2024	Full name of contributor out-of-state PAC Seaver, Vincent		Travelers Indemnity Co		Amount of Contribution (\$)	\$45.77
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 05/17/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	s)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 240/303 Rpt: 243/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	5 Full name of contributor Seaver, Vincent6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$45.77
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	VP Operation	ns		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Seaver, Vincent Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$45.77
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Operation	ns		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Seaver, Vincent Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.77
		Hartford, CT 06183					
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				-	_	Assessment of Ossetsile sticks (b)	
	Date 03/08/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	'	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP & Chief	Claim Officer		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 241/303 Rpt: 244/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/05/2024	5 Full name of contributor Seminara, Nicholas6 Contributor address; City; State;	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$250.00
ρ	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_		Claim Officer		Travelers Indemnity Co	,		
	Date 04/19/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State;)		Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor Seminara, Nicholas Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$250.00
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 242/303 Rpt: 245/306	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	Seminara, Nicholas	e PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Hartford, CT 06183	اما	Francisco (Con Instructions			
8		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor				Amount of Contribution (\$)	\$250.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	7		
		Claim Officer		Travelers Indemnity Co	')		
	Date 03/08/2024	Full name of contributor out-of-state Shasha, Todd Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$34.62
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Shasha, Todd				Amount of Contribution (\$)	\$34.62
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	()		
	Date 04/05/2024	Shasha, Todd)		Amount of Contribution (\$)	\$34.62
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	On Myring I I	od Sii i i Maine		voicio indominity CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 243/303 Rpt: 246/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$35.38
_	Delicalization	Hartford, CT 06183	la la	Fundamental Control			
8		pation / Job title (See Instructions) od Dir PI Marine	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 05/03/2024	Full name of contributor out-of-state PAC Shasha, Todd Contributor address; City; State; Zip Code	`		•	Amount of Contribution (\$)	\$35.38
	Dringing agg	Hartford, CT 06183	1	Employer (See Instructions	<u>''</u>		
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 05/17/2024	Full name of contributor out-of-state PAC Shasha, Todd Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$35.38
		Hartford, CT 06183					
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$35.38
	•	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183	`)	•	Amount of Contribution (\$)	\$35.38
	•	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	St. Myling I I	od Sii i i iidanio		Travelers indefining 60			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 244/303 Rpt: 247/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	Full name of contributor	#:)	7	Amount of Contribution (\$)	\$35.38
_	Dein sin al a sec	Hartford, CT 06183	O Frankrije (O - a kratinastia ra	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) rod Dir PI Marine	9 Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID# Shelton, Martin Contributor address; City; State; Zip Code	<u>*:</u>		Amount of Contribution (\$)	\$16.92
	Dringinal occu	Murfreesboro, TN 37128 pation / Job title (See Instructions)	Employer (See Instructions	·/ 		
	2VP Nationa	. ,	Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID# Shelton, Martin Contributor address; City; State; Zip Code	<u>*:</u>)		Amount of Contribution (\$)	\$16.92
	Dringinal occu	Murfreesboro, TN 37128 pation / Job title (See Instructions)	Employer (See Instructions	·/ 		
	2VP Nationa		Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Shelton, Martin Contributor address; City; State; Zip Code	‡:)		Amount of Contribution (\$)	\$16.92
		Murfreesboro, TN 37128				
	Principal occu 2VP Nationa	pation / Job title (See Instructions) al Property	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128	* :)		Amount of Contribution (\$)	\$17.31
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2VP Nationa	al Property	Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 245/303 Rpt: 248/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC))		00087159	
4	Date 05/03/2024	5 Full name of contributor Shelton, Martin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$17.31
		Murfreesboro, TN 37128					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	2VP Nationa			Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	,		Amount of Contribution (\$)	
	05/17/2024	Shelton, Martin	Out-of-state FAC (ID#			Amount of Contribution (4)	\$17.31
	00/11/2024	Contributor address; City; Sta	te: 7in Code				Ψ17.01
		Contributor address, City, Sta	ite, Zip Code				
		Murfreesboro, TN 37128					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2024	Shelton, Martin	-	·		`,	\$17.31
		Contributor address; City; Sta	te; Zip Code				
		, ,,					
		Murfreesboro, TN 37128					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/14/2024	Shelton, Martin					\$17.31
		Contributor address; City; Sta	te; Zip Code				
		Murfreesboro, TN 37128					
	·	pation / Job title (See Instructions)		Employer (See Instructions	()		
	2VP Nationa	l Property		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Shelton, Martin					\$17.31
		Contributor address; City; Sta	te; Zip Code				
		Murfreesboro, TN 37128	· · · · · · · · · · · · · · · · · · ·		L		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Nationa	ıl Property		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 246/303 Rpt: 249/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	5 Full name of contributor Simmons, Robert	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201	1-		L		
8	VP Business		9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor Simmons, Robert Contributor address; City; Stat)		Amount of Contribution (\$)	\$25.00
	Dringing aggr	Spokane, WA 99201	1	Employer (See Instructions	<u>''</u>		
	VP Business	pation / Job title (See Instructions) s Center		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Full name of contributor Simmons, Robert Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
	Principal occu VP Business	pation / Job title (See Instructions) c Center		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor Simmons, Robert Contributor address; City; Stat Spokane, WA 99201	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions) Center		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor Simmons, Robert Contributor address; City; Stat Spokane, WA 99201	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	vi Duallicas	, conto		Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 247/303 Rpt: 250/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Spokane, WA 99201	- la	5 1 (0 1 : :	<u></u>		
8	VP Business	pation / Job title (See Instructions) Center	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 06/14/2024	Full name of contributor out-of-state PA Simmons, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Spokane, WA 99201 pation / Job title (See Instructions)		Employer (See Instructions	<i>(</i>)		
	VP Business			Travelers Indemnity Co	,,		
	Date 06/28/2024	Full name of contributor out-of-state PA Simmons, Robert Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
	Principal occu VP Business	pation / Job title (See Instructions) c Center		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state PA Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379)	•	Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PA Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379)		Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 248/303 Rpt: 251/308	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Smith, David 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$15.00
_		West Bridgewater, MA 02379	_				
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	West Bridgewater, MA 02379 pation / Job title (See Instructions)		Employer (See Instructions) 		
	RVP Claim	pation / coo title (coo motadants)		Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379)		Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code West Bridgewater, MA 02379)		Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		-					

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 249/303 Rpt: 252/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID Smith, David 6 Contributor address; City; State; Zip Code	0#:)	7	Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379					
8	Principal occu RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID Smith, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$208.33
	Deinsinal assu	Hartford, CT 06183		Frankrija (Cara kashrija tara	<u></u>		
	•	pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID Smith, Kevin Contributor address; City; State; Zip Code)#:)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
			- 1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 250/303 Rpt: 253/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/03/2024	 5 Full name of contributor out-of-state PAC (Smith, Kevin 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$208.33
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (Co.) Instructions	<u></u>		
8		pation / Job title (See Instructions) nnovation Officer	9	Employer (See Instructions TCI Global Services Inc			
	Date 05/17/2024	Full name of contributor out-of-state PAC (Smith, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$208.33
	Deinainal assu	Hartford, CT 06183		Frankrijer (Cookrativistiere	<u></u>		
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 06/14/2024	Full name of contributor out-of-state PAC (Smith, Kevin Contributor address; City; State; Zip Code	ID#:)	-	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 06/28/2024	Full name of contributor out-of-state PAC (Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 03/08/2024	Full name of contributor out-of-state PAC (Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024)		Amount of Contribution (\$)	\$85.10
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 251/303 Rpt: 254/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	 5 Full name of contributor		7		\$85.10
8	Principal occu	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>, </u>		
0	•	ent-Field Mgmt	Travelers Indemnity Co	')		
	Date 04/05/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.10
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	, 		
	•	ent-Field Mgmt	Travelers Indemnity Co	')		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Smith, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.10
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	•	ent-Field Mgmt	Travelers Indemnity Co	,		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.10
	Dringing Loggy	Saint Croix Falls, WI 54024	Employer (See Instructions	_		
	•	pation / Job title (See Instructions) ent-Field Mgmt	Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#: Smith, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024				
	•	pation / Job title (See Instructions) ent-Field Mgmt	Employer (See Instructions Travelers Indemnity Co	5)		
		Tota mgmt	Travelors machinity 60			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 252/303 Rpt: 255/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/31/2024	 5 Full name of contributor out-of-state PAC Smith, Richard 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$85.10
8	Dringinal accu	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	•	ent-Field Mgmt	9	Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Smith, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$85.10
	Dringing Lagra	Saint Croix Falls, WI 54024		Franks von (Cook both vetic po	<u></u>		
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC Smith, Richard Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$85.10
		Saint Croix Falls, WI 54024					
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$35.96
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:)	•	Amount of Contribution (\$)	\$35.96
	Principal occu	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
		•					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 253/303 Rpt: 256/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/05/2024	5 Full name of contributor Sokolowski, Colleen6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.96
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	z)		
Ü	2VP Account		ľ	Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	-		
	Date 05/17/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$35.96
	Principal occu	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$35.96
	Principal occu	pation / Job title (See Instructions) tina		Employer (See Instructions Travelers Indemnity Co			
	21. 7.000011	· •					

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 254/303 Rpt: 257/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	5 Full name of contributor out-of-state Sokolowski, Colleen	e PAC (ID#:		7	Amount of Contribution (\$)	\$35.96
8	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	2VP Account		9	Travelers Indemnity Co) 		
	Date 06/28/2024	Sokolowski, Colleen				Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state Spaeth, Thomas Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions) : Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Spaeth, Thomas				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 04/05/2024	Full name of contributor out-of-state Spaeth, Thomas Contributor address; City; State; Zip Code St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 255/303 Rpt: 258/308	3
2	FILER NAME					3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 04/19/2024	5 Full name of contributor Spaeth, Thomas6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102						
8	Principal occu	pation / Job title (See Instructions	3)	9 E)		
		: Portfolio Mgr	,		ravelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>			Amount of Contribution (\$)	
	05/03/2024	Spaeth, Thomas						\$50.00
		Contributor address; City; Si	ate; Zip Code					
		St. Paul, MN 55102						
		pation / Job title (See Instructions	5)		imployer (See Instructions)		
	VP Fixed Inc	Portfolio Mgr		T	ravelers Indemnity Co			
05/17/2024 Spaeth, Thor		Full name of contributor Spaeth, Thomas Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102						
	Principal occu	pation / Job title (See Instructions	3)	Е	imployer (See Instructions)		
	VP Fixed Inc	: Portfolio Mgr		Т	ravelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Si St. Paul, MN 55102	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions	5)		mployer (See Instructions)		
	VP Fixed Inc	Portfolio Mgr		l	ravelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Spaeth, Thomas	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	00/20/2024	Contributor address; City; Si St. Paul, MN 55102	ate; Zip Code					ψ30.00
	Principal occu	pation / Job title (See Instructions	s)	Е	imployer (See Instructions)		
	VP Fixed Inc	: Portfolio Mgr		Т	ravelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 256/303 Rpt: 259/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Wyomissing, PA 19610		5 1 (2 1 1 1	<u></u>		
8	VP UW Cons		9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 03/22/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
	<u> </u>	Wyomissing, PA 19610		5 1 (2 1 1 1	<u></u>		
	VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$25.00
		Wyomissing, PA 19610					
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610			•	Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out-of-state PAC Spencer, Marie Contributor address; City; State; Zip Code Wyomissing, PA 19610)	•	Amount of Contribution (\$)	\$25.00
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 257/303 Rpt: 260/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-state of Spencer, Marie 6 Contributor address; City; State; Zip Code	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Wyomissing, PA 19610	1-		<u></u>		
8	VP UW Cons		9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 06/14/2024	Full name of contributor out-of-state I Spencer, Marie Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Dringing agg	Wyomissing, PA 19610 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	VP UW Cons			Travelers Indemnity Co	·)		
	Date 06/28/2024	Full name of contributor out-of-state I Spencer, Marie Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Wyomissing, PA 19610					
	Principal occu VP UW Cons	pation / Job title (See Instructions) struction		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor out-of-state I Stepanishen, Kent Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-state Stepanishen, Kent Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
		•					

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 258/303 Rpt: 261/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	Stepanishen, Kent	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	٥	Employer (See Instructions			
_	VP BI Prope			Travelers Indemnity Co	·)		
	Date 04/19/2024	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip				Amount of Contribution (\$)	\$35.00
	Delicalization	Hartford, CT 06183	1	Farabasa (Osabasa tanati			
	VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/17/2024	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip Hartford, CT 06183	-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	2	· · · ·	l				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 259/303 Rpt: 262/308	3
2	FILER NAME The Traveler	's Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-sta Stepanishen, Kent	te PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/		
•	VP BI Prope	,	9	Travelers Indemnity Co	•)		
	Date 03/08/2024	Full name of contributor out-of-sta Strietelmeier, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$44.71
		Hartford, CT 06183	,				
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out-of-stated out-o	te PAC (ID#:)		Amount of Contribution (\$)	\$44.71
		Hartford, CT 06183					
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Strietelmeier, Michael	te PAC (ID#:)		Amount of Contribution (\$)	\$44.71
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 04/19/2024	Full name of contributor out-of-sta Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	te PAC (ID#:			Amount of Contribution (\$)	\$46.63
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 260/303 Rpt: 263/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	г-РАС)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$46.63
	Dringing Loon	Hartford, CT 06183	lo.	Employer (Co.) Instructions	<u></u>		
8	VP RMIS	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (Strietelmeier, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$46.63
		Hartford, CT 06183					
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (Strietelmeier, Michael Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$46.63
		Hartford, CT 06183					
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$41.97
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 06/28/2024	Full name of contributor out-of-state PAC (Strietelmeier, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)	•	Amount of Contribution (\$)	\$37.31
	Principal occu VP RMIS	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 261/303 Rpt: 264/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	:)		00087159	
4	Date 03/08/2024	5 Full name of contributor Suda, Gerard6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u>L</u> S)		
	UW Officer N			Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Suda, Gerard Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	UW Officer N	vat'i Accts		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Suda, Gerard Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.85
		Morristown, NJ 07960					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	UW Officer N	Nat'l Accts		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Suda, Gerard Contributor address; City; Sta Morristown, NJ 07960	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$39.62
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	UW Officer N	Nat'l Accts		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Suda, Gerard Contributor address; City; Sta Morristown, NJ 07960	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$39.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	UW Officer N	Nat'l Accts		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 262/303 Rpt: 265/308	3
2	FILER NAME The Travele	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	Full name of contributor		7	Amount of Contribution (\$)	\$39.62
_	<u> </u>	Morristown, NJ 07960				
8	UW Officer N	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$39.62
	Dringing ogg	Morristown, NJ 07960	Employer (See Instructions			
	UW Officer I	pation / Job title (See Instructions) Nat'l Accts	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.62
		Morristown, NJ 07960				
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts	Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960			Amount of Contribution (\$)	\$39.62
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$43.08
	Principal occu Managing C	upation / Job title (See Instructions) ounsel	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 263/303 Rpt: 266/308	3
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024		e PAC (ID#:)	7	Amount of Contribution (\$)	\$43.08
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
•	Managing Co			Travelers Indemnity Co	P)		
	Date 04/05/2024	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$43.08
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Teitelman, David			•	Amount of Contribution (\$)	\$45.00
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.00
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 264/303 Rpt: 267/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/31/2024	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0	Managing Co			Travelers Indemnity Co	·)		
	Date 06/14/2024	Full name of contributor out-of-s Teitelman, David Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-s Teitelman, David Contributor address; City; State; Zip Co	otate PAC (ID#:			Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Tetreault, Michael	ode)		Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) ess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-s Tetreault, Michael Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 265/303 Rpt: 268/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor our our	r-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$86.54
g	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0		cess Effctvnss UW		Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor our Tetreault, Michael Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$89.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor our Tetreault, Michael Contributor address; City; State; Zig	o Code)		Amount of Contribution (\$)	\$89.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor our Tetreault, Michael Contributor address; City; State; Zip Hartford, CT 06183	o-of-state PAC (ID#:			Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor our Tetreault, Michael Contributor address; City; State; Zip Hartford, CT 06183	o Code			Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 266/303 Rpt: 269/306	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	5 Full name of contributor out Tetreault, Michael	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$89.42
_	Deinsinal	Hartford, CT 06183	- Ia	Farabasa (Osabasa)	Ĺ		
8		pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out Tetreault, Michael Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$89.42
	Deinsinal	Hartford, CT 06183		Farabasa (Osabasa)	Ĺ		
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out Toczydlowski, Gregory Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor out Toczydlowski, Gregory Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 04/05/2024	Full name of contributor out Toczydlowski, Gregory Contributor address; City; State; Zip Hartford, CT 06183	o Code			Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	;)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 267/303 Rpt: 270/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/19/2024	Toczydlowski, Gregory	-state PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
_	Deire die al. a a co	Hartford, CT 06183	lo-	Facilities (On Institution	_		
8		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/03/2024	Full name of contributor out-of- Toczydlowski, Gregory Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$208.33
	Deinsinal assu	Hartford, CT 06183		Frankrian (Cook bathurtian	_		
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of- Toczydlowski, Gregory Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 06/14/2024	Full name of contributor out-of- Toczydlowski, Gregory Contributor address; City; State; Zip C Hartford, CT 06183				Amount of Contribution (\$)	\$208.33
	'	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of- Toczydlowski, Gregory Contributor address; City; State; Zip C Hartford, CT 06183	-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 268/303 Rpt: 271/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/08/2024	5 Full name of contributor Tomlinson, Craig	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_		Las Vegas, NV 89113					
8	2VP Nationa	-		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 03/22/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State;)		Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113					
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113					
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State; Las Vegas, NV 89113	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State; Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
			I				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 269/303 Rpt: 272/308	3
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	5 Full name of contributor Tomlinson, Craig	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_		Las Vegas, NV 89113			<u></u>		
8	2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 06/14/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State;				Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Las Vegas, NV 89113		Frankrian (Cook bashirations			
	2VP Nationa	pation / Job title (See Instructions) I Severity		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Las Vegas, NV 89113					
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Full name of contributor Torsiello, Anthony Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 03/22/2024	Full name of contributor Torsiello, Anthony Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 270/303 Rpt: 273/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.15
•	Principal occur	Hartford, CT 06183	ام	Employer (See Instructions			
0	VP Controlle	pation / Job title (See Instructions) er		Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor)		Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occup VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$46.15
	Principal occur VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 271/303 Rpt: 274/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 06/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$46.15
g	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	z)		
	VP Controlle			Travelers Indemnity Co	۰)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID Torsiello, Anthony Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID Traver, William Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	′		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.48
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co			
	Country w	ind i reduce di dece		avoicio indefinity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 272/303 Rpt: 275/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$26.15
8	Dringinal occu	Hartford, CT 06183	la.	Employer (See Instructions	·/-		
0		pation / Job title (See Instructions) ride Product BI BCO	ľ	Travelers Indemnity Co	·)		
	Date 05/03/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$26.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Full name of contributor	<u> </u>)		Amount of Contribution (\$)	\$26.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$26.15
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$26.15
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	vi Countryw	ide i Toddet Di Bee	<u> </u>	Havelets indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 273/303 Rpt: 276/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state PAC Traver, William Contributor address; City; State; Zip Code 	,)	7	Amount of Contribution (\$)	\$26.15
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	•	ide Product BI BCO	٩	Travelers Indemnity Co	·)		
	Date 03/08/2024	Full name of contributor out-of-state PAC Treat, Sherry Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$16.04
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC Treat, Sherry Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$11.58
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/05/2024	Full name of contributor out-of-state PAC Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112	,)		Amount of Contribution (\$)	\$11.58
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 04/19/2024	Full name of contributor out-of-state PAC Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112)	•	Amount of Contribution (\$)	\$11.91
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	s)		
	2 233.		1				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 274/303 Rpt: 277/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$11.91
_	<u> </u>	Centennial, CO 80112			<u></u>		
8	UW Officer C	pation / Job title (See Instructions) Comm Accts	9	Employer (See Instructions Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor out-of-state PAC (Treat, Sherry Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$11.91
	Deinsinal assu	Centennial, CO 80112		Family on (Can Instructions			
	UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (Treat, Sherry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$11.91
		Centennial, CO 80112					
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$11.91
	Principal occu UW Officer C	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 06/28/2024	Full name of contributor out-of-state PAC (Treat, Sherry Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$11.91
	Principal occu UW Officer C	pation / Job title (See Instructions) Comm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	5-5-						

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 275/303 Rpt: 278/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-star out	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$39.42
_		Hartford, CT 06183	1-				
8	Principal occu 2VP UW BI	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 03/22/2024	Turcotte, Edward	ate PAC (ID#:)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 04/05/2024	Full name of contributor out-of-sta Turcotte, Edward Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$39.42
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 04/19/2024	Turcotte, Edward				Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 05/03/2024	Full name of contributor out-of-starturcotte, Edward Contributor address; City; State; Zip Cod Hartford, CT 06183	ate PAC (ID#:)		Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 276/303 Rpt: 279/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/17/2024	Turcotte, Edward	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$42.31
0	Dringing coou	Hartford, CT 06183	lo.	Employer (See Instructions			
8	2VP UW BI	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	•)		
	Date 05/31/2024	Full name of contributor out-o Turcotte, Edward Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$42.31
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-o Turcotte, Edward Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Turcotte, Edward	f-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 03/08/2024	Full name of contributor out-o Turner, Janis Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	·	.	I				

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULI	■ A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 277/303 Rpt: 280/308	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		L	00087159	
4	Date 03/22/2024	5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> ;)		
		g & Web Ops-PI		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor Turner, Janis Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Marketin	g & Web Ops-PI		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Turner, Janis Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Marketin	g & Web Ops-PI		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Turner, Janis Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Marketin	g & Web Ops-PI		Travelers Indemnity Co			
	Date 05/17/2024	Full name of contributor Turner, Janis Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$93.03
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Marketin	g & Web Ops-PI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 278/303 Rpt: 281/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$93.03
0	Dringing agg	Hartford, CT 06183	ام	Employer (See Instructions	<u>,,</u>		
•	•	pation / Job title (See Instructions) g & Web Ops-PI	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.03
	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
		pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (II Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (II Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$24.00
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 279/303 Rpt: 282/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$24.00
_		Hartford, CT 06183	- 1-	5 1 (0 1 1 1	_		
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor			•	Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (Ungaro, Michael Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/17/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 280/303 Rpt: 283/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	5 Full name of contributor Ungaro, Michael	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 06/28/2024	Full name of contributor Ungaro, Michael Contributor address; City; Sta				Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor Verfurth, Charles Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183					
		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor Verfurth, Charles Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor Verfurth, Charles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
		6-3					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 281/303 Rpt: 284/308	8
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/19/2024	Verfurth, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.29
_	Dringing aggr	Hartford, CT 06183	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/03/2024	Full name of contributor Verfurth, Charles Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183		5 1 (0 1 1 1			
	-	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor Verfurth, Charles Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183					
		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/31/2024	Full name of contributor Verfurth, Charles Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor Verfurth, Charles Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	2						

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 282/303 Rpt: 285/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.29
_	Deinsinal sass	Hartford, CT 06183	lo	Frankrian (Cook la structions	<u></u>		
8		pation / Job title (See Instructions) ent Natl Property	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$25.00
	Principal occu	Partford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	2VP Operation			Travelers Indemnity Co	')		
	Date 03/22/2024	Full name of contributor out-o Warne, Bradley Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Warne, Bradley	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor out-o Warne, Bradley Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 283/303 Rpt: 286/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state Warne, Bradley	e PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _q	Employer (See Instructions	<u>:)</u>		
	2VP Operation			Travelers Indemnity Co	•)		
	Date 05/17/2024	Warne, Bradley)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	2VP Operation			Travelers Indemnity Co	"		
	Date 06/14/2024	Full name of contributor out-of-state Warne, Bradley Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Warne, Bradley)	•	Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/08/2024	Full name of contributor out-of-state Warner, Jaynine Contributor address; City; State; Zip Code Wilmington, DE 19803	e PAC (ID#:)		Amount of Contribution (\$)	\$19.23
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	2373111						

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 284/303 Rpt: 287/308	}
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 03/22/2024	5 Full name of contributor o o warner, Jaynine	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$19.23
_	Deireciant	Wilmington, DE 19803	lo-	Farabasa (On a bantantia	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 04/05/2024	Full name of contributor of contributor of contributor address; City; State; Z				Amount of Contribution (\$)	\$19.23
	Deinsinal assu	Wilmington, DE 19803		Frankrian (Cookarationa	<u></u>		
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/19/2024	Full name of contributor o warner, Jaynine Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Wilmington, DE 19803					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Full name of contributor of contributor of contributor address; City; State; Z Wilmington, DE 19803	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor o Warner, Jaynine Contributor address; City; State; Z Wilmington, DE 19803	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	5010111		<u> </u>				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 285/303 Rpt: 288/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/31/2024	Warner, Jaynine	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_	Deinainal assu	Wilmington, DE 19803	lo-	Franks von (Cook kantuurtings	<u></u>		
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor ou Warner, Jaynine Contributor address; City; State; Zi				Amount of Contribution (\$)	\$20.00
	Dringinal accu	Wilmington, DE 19803 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
		ment Relations		Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor ou Warner, Jaynine Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Wilmington, DE 19803					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/08/2024	Welch, Lawrence				Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 03/22/2024	Welch, Lawrence	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$53.46
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	311 00111						

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to d	complete this form	n.	1	Total pages Schedule A1: Sch: 286/303 Rpt: 289/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 04/05/2024	·	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$53.46
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
	VP UW Com			Travelers Indemnity Co	,		
	Date 04/19/2024	Full name of contributor o welch, Lawrence Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 05/17/2024	Full name of contributor o welch, Lawrence Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	pation / Job title (See Instructions) Im Accts		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 05/31/2024	Welch, Lawrence	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	VE OW COM	IIII AUUS	L_	mavelers indefiniting CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 287/303 Rpt: 290/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 06/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	VP UW Com			Travelers Indemnity Co	•		
	Date 06/28/2024	Full name of contributor out-of-state P Welch, Lawrence Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP UW Comm Accts			Travelers Indemnity Co	_		
	Date 03/08/2024	Full name of contributor out-of-state P West, Marilyn Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183			Ĺ		
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 03/22/2024	Full name of contributor out-of-state P West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$36.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 04/05/2024	Full name of contributor out-of-state P West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$36.92
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Co	ounsel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 288/303 Rpt: 291/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/19/2024	 5 Full name of contributor out-of-state PA West, Marilyn 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$36.92
ρ	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	=)		
0	Executive Co			Travelers Indemnity Co	•)		
	Date 05/03/2024	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code	.C (ID#:)		Amount of Contribution (\$)	\$36.92
		Hartford, CT 06183					
	Principal occur Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$36.92
	Principal occu	pation / Job title (See Instructions) Dunsel		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 06/14/2024	Full name of contributor out-of-state PA West, Marilyn Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$36.92
	Principal occur Executive Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZACOGUVO OC			Travelers indefining Co			

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 289/303 Rpt: 292/308	3
2	FILER NAME				3	•	Filers)
	The Travele	rs Companies, Inc. Political Action Committee (T-F	PAC)			00087159	
4	Date 06/28/2024	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$4.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Executive Co			Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID# Westermeyer, Christopher Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID# Westermeyer, Christopher Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$45.58
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102	#:			Amount of Contribution (\$)	\$45.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102	#:			Amount of Contribution (\$)	\$47.50
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	()		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 290/303 Rpt: 293/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 05/03/2024	 Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$47.50
	Dringing aggr	St. Paul, MN 55102	0	Employer (See Instructions	<u>''</u>		
0		pation / Job title (See Instructions) & Analytics II	9	Travelers Indemnity Co	·)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$47.50
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$47.50
		St. Paul, MN 55102			<u></u>		
		pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$47.50
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102)		Amount of Contribution (\$)	\$47.50
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP ACTUARIAI	& Analytics II		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR		SCHEDUL	E A1		
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 291/303 Rpt: 294/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 03/08/2024		ate PAC (ID#:		7	Amount of Contribution (\$)	\$130.77
	B	Hartford, CT 06183	- la		<u></u>		
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Westrick, Glenn				Amount of Contribution (\$)	\$130.77
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
		ment Relations		Travelers Indemnity Co	,,		
	Date 04/05/2024	Full name of contributor out-of-sta Westrick, Glenn Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Westrick, Glenn)		Amount of Contribution (\$)	\$138.46
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/03/2024	Westrick, Glenn)		Amount of Contribution (\$)	\$138.46
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTR		SCHEDULE A			
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 292/303 Rpt: 295/306	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 05/17/2024		ate PAC (ID#:		7	Amount of Contribution (\$)	\$138.46
_	Deinainal accu	Hartford, CT 06183	lo-	Francisco (Con Instructions			
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/31/2024	Westrick, Glenn				Amount of Contribution (\$)	\$138.46
	Princinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instructions) 		
		ment Relations		Travelers Indemnity Co	')		
	Date 06/14/2024	Full name of contributor out-of-st Westrick, Glenn Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 06/28/2024	Westrick, Glenn				Amount of Contribution (\$)	\$138.46
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	()		
	Date 03/08/2024	Wilczak, Jason	tate PAC (ID#:)		Amount of Contribution (\$)	\$19.90
	·	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Lead Joliwa	- Ligiticot Wigi		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 293/303 Rpt: 296/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 03/22/2024	 Full name of contributor out-of-state F Wilczak, Jason Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$19.90
8	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u>''</u>		
•	•	re Engineer - Mgr	9	Travelers Indemnity Co	») 		
	Date 04/05/2024	Full name of contributor out-of-state F Wilczak, Jason Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$19.90
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state F Wilczak, Jason Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 05/03/2024	Full name of contributor out-of-state F Wilczak, Jason Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$21.15
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 05/17/2024	Full name of contributor out-of-state F Wilczak, Jason Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$21.15
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Leau Soliwa	io Engineer - wigi		Travelers indefinitly CO			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm		1	Total pages Schedule A1: Sch: 294/303 Rpt: 297/308	3
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	(C)			00087159	
4	Date 05/31/2024	5 Full name of contributor Wilczak, Jason6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions)	9 E	mployer (See Instructions)		
	Lead Softwa	re Engineer - Mgr		Т	ravelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Wilczak, Jason Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183						
		pation / Job title (See Instructions)		imployer (See Instructions)		
			ravelers Indemnity Co					
	Date 06/28/2024	Full name of contributor Wilczak, Jason Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)	Е	imployer (See Instructions)		
	Lead Softwa	re Engineer - Mgr		Т	ravelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Woods, Mary Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions UW Officer BI)		mployer (See Instructions CI Global Services Inc)		
	Date 03/22/2024	Full name of contributor Woods, Mary Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Е	imployer (See Instructions)		
	SVP & Chief	UW Officer BI		Т	CI Global Services Inc			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 295/303 Rpt: 298/308	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state P Woods, Mary Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$75.00
0	Dringing con	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) UW Officer BI	9	Employer (See Instructions TCI Global Services Inc			
	Date 04/19/2024	Full name of contributor out-of-state P Woods, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$77.88
	Dringing aggr	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
	·	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 05/03/2024	Full name of contributor out-of-state P Woods, Mary Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183					
		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 05/17/2024	Full name of contributor out-of-state P Woods, Mary Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$77.88
	•	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 05/31/2024	Full name of contributor out-of-state P Woods, Mary Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$77.88
	·	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	31. Q 0.1101						

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 296/303 Rpt: 299/30	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 06/14/2024	5 Full name of contributor Woods, Mary6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$77.88
_	Daine in all access	Hartford, CT 06183	lo-	Farada a (Carada de Arastica de			
8		pation / Job title (See Instructions) UW Officer BI	9	Employer (See Instructions TCI Global Services Inc	5)		
	Date 06/28/2024	Full name of contributor Woods, Mary Contributor address; City; State				Amount of Contribution (\$)	\$77.88
	Dringing aggr	Hartford, CT 06183		Employer (Coo Instructions	_		
	•	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc)		
	Date 03/08/2024	Full name of contributor Woodward, Joan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
	•	pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 03/22/2024	Full name of contributor Woodward, Joan Contributor address; City; State Washington, DC 20005	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$173.08
	•	pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor Woodward, Joan Contributor address; City; State Washington, DC 20005	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$173.08
	•	pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to cor	mplete this forn	n.	1	Total pages Schedule A1: Sch: 297/303 Rpt: 300/308	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 04/19/2024	Woodward, Joan	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$173.08
_	Deinainal accu	Washington, DC 20005	lo-	Faralous (Coo Instructions			
8		pation / Job title (See Instructions) lcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co			
	Date 05/03/2024	Woodward, Joan Contributor address; City; State; Zip ()		Amount of Contribution (\$)	\$173.08
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	EVP PublicPlcy & Pres TRVInst Travelers Ind		Travelers Indemnity Co				
	Date 05/17/2024	Full name of contributor out-o Woodward, Joan Contributor address; City; State; Zip 0	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
		pation / Job title (See Instructions) llcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 05/31/2024	Woodward, Joan	of-state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
		pation / Job title (See Instructions) llcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor out-on the contributor out-on the contributor address; City; State; Zip on the contributor of the	of-state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	_vi i ublice	log at 100 months		Travelers indefinity CO			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 298/303 Rpt: 301/308	3
2	FILER NAME The Traveler	AME velers Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)	
4	Date 06/28/2024	5 Full name of contributor Woodward, Joan	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
8	EVP PublicP	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/22/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/05/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 04/19/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
			I				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 299/303 Rpt: 302/308	3
2	FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)		
4	Date 05/03/2024	Full name of contributorWucherpfennig, JamesContributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Dringing! aggs	Hartford, CT 06183	lo-	Employer (Coo Instructions			
8	VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 05/17/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occur VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/14/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 06/28/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 03/08/2024	Full name of contributor Yin, Daniel Contributor address; City; State New York City, NY 10017	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co)		
		SGodinon Gilor					

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 300/303 Rpt: 303/308	8
2	FILER NAME The Traveler	ER NAME e Travelers Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)	
4	Date 03/22/2024	 Full name of contributor out-of-state PAC (ID# Yin, Daniel Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$211.54
_	Deinsinal assu	New York City, NY 10017	10	Empleyer (Cool looksystic to	<u></u>		
ð		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Yin, Daniel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$211.54
		New York City, NY 10017			_		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID# Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u>		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID# Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID# Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)	•	Amount of Contribution (\$)	\$211.54
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP CO-CNI	ef Investment Offcr		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 301/303 Rpt: 304/308	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	The Travelers Companies, Inc. Political Action Committee (T-PAC)			00087159		
4	Date 05/31/2024	5 Full name of contributor Yin, Daniel6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$211.54
		New York City, NY 10017					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 06/14/2024	Full name of contributor Yin, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$211.54
		New York City, NY 10017					
		pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
	EVP Co-Chi	ef Investment Offcr		Travelers Indemnity Co			
	Date 06/28/2024	Full name of contributor Yin, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$211.54
		New York City, NY 10017			<u></u>		
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	EVP Co-Cnic	ef Investment Offcr		Travelers Indemnity Co			
	Date 03/08/2024	Full name of contributor Zielinski, William Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Product	t Management PI		Travelers Indemnity Co			
	Date 03/22/2024	Full name of contributor Zielinski, William Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	()		
	SVP Product	t Management PI		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 302/303 Rpt: 305/308	3
2	FILER NAME	ME		3	Filer ID (Ethics Commission	Filers)		
	The Travele	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)			00087159	
4	Date 04/05/2024	5 Full name of contributorZielinski, William6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
8		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Produc	t Management PI			Travelers Indemnity Co			
	Date 04/19/2024	Full name of contributor Zielinski, William Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Produc	t Management PI			Travelers Indemnity Co			
	Date 05/03/2024	Full name of contributor Zielinski, William Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		t Management PI	,		Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		,		Amount of Contribution (\$)	
	05/17/2024	Zielinski, William Contributor address; City; St Hartford, CT 06183					Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Produc	t Management PI			Travelers Indemnity Co			
	Date 05/31/2024	Full name of contributor Zielinski, William Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		t Management PI	,		Travelers Indemnity Co	,		
			,					

	MONETARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 303/303 Rpt: 306/308
2	FILER NAME The Travelers Companies, Inc. Political Action Committee (T-F		
4	5 Full name of contributor out-of-state PAC (ID# Zielinski, William 6 Contributor address; City; State; Zip Code	#:) 7 Amount of Contribution (\$) \$38.
	Hartford, CT 06183		
8	Principal occupation / Job title (See Instructions) SVP Product Management PI	9 Employer (See Instru Travelers Indemni	
	Date Full name of contributor out-of-state PAC (ID# 06/28/2024 Zielinski, William	#:	_) Amount of Contribution (\$) \$38
	Contributor address; City; State; Zip Code		
	Hartford, CT 06183 Principal occupation / Job title (See Instructions) SVP Product Management PI	Employer (See Instru Travelers Indemni	

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 307/308 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 Date 5 Corporation / Labor Organization name 6 Amount (\$) 06/30/2024 The Travelers Companies, Inc. 2,108.00

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 308/308
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 Addisbursements during the reporting period total \$85,400.00.	Advisory Opinion #208. Non-Texas and Federal