FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087159 3 COMMITTEE NAME **OFFICE USE ONLY** The Travelers Companies, Inc. Political Action Committee (T-PAC) Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** One Tower Square Date Hand-delivered or Date Postmarked Change of Address Hartford, CT 06183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lindsay NAME NICKNAME LAST **SUFFIX** Frank STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** One Tower Square STREET **ADDRESS** (Residence or Business) Hartford, CT 06183 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** One Tower Square MAILING **ADDRESS** Hartford, CT 06183 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (860) 277-9543 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (E	Ethics Commission Filers)
The Travelers Comp	anies, Inc. Political Action	n Committee (T-PAC)	00087159	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule	F	
(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.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	4,781.96
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	87,061.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	157,083.02
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Lind	say Frank	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, tl	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer a	dministering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

	3 OT 264									
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)						
Th	e Trave	lers Companies, Inc. Political Action Committee (T-PAC)	00087159							
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 87,061.60						
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.		PR	\$							
5.		\$								
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$						
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$						
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$						
9.		SCHEDULE E: LOANS		\$						
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1,000.00						
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 CONTRIBUTION	ONS	\$						
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3,500.00						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 1/258 Rpt: 4/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	5 Full name of contributor Abrahms, Nathaniel	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$87.98
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	VP BI Opera			Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) VP BI Operations			Employer (See Instructions Travelers Indemnity Co	5)		
	Date Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	08/09/2024	Abrahms, Nathaniel Contributor address; City; State				· · ·	\$87.98
		Hartford, CT 06183					
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
Date Full name of contributor 08/23/2024 Abrahms, Nathaniel Contributor address; City; Sta		_	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$87.98
	Principal occu VP BI Opera	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$87.98
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP BI Opera	LILIOTIS		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: 2/258 Rpt: 5/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor on Abrahms, Nathaniel	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$87.98
	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
0	VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183					
	Principal occu VP BI Opera	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor on Abrahms, Nathaniel Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		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 Full name of contributor out-of-state PAC (ID 07/12/2024 Agrawal, Kamal)		Amount of Contribution (\$)	\$20.00	
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	Date 07/26/2024	Full name of contributor on Agrawal, Kamal Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Group Gene	ral Counsel - International		TCI Global Services Inc			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	n.	1	Total pages Schedule A1: Sch: 3/258 Rpt: 6/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Deinsinal assu	Hartford, CT 06183		Franksian (Cook Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ral Counsel - International	9	Employer (See Instructions TCI Global Services Inc			
	Date 08/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183			<u></u>		
			Employer (See Instructions TCI Global Services Inc				
	Date 09/06/2024			•	Amount of Contribution (\$)	\$20.00	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	Date 09/20/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
	Date 10/03/2024	Full name of contributor out-of-state PAC (Agrawal, Kamal Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ral Counsel - International		Employer (See Instructions TCI Global Services Inc			
				2. 2.2.33. 33771333 III			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 4/258 Rpt: 7/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 5 Full name of contributor out-of-state Agrawal, Kamal 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0		ral Counsel - International	9	TCI Global Services Inc			
	Date 07/12/2024	Alanis, Jessica)		Amount of Contribution (\$)	\$38.46
		Columbus, WI 53925			_		
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/26/2024 Alanis, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.46		
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
Date Full name of contributor out-of-state PAC (ID# 08/09/2024 Alanis, Jessica Contributor address; City; State; Zip Code Columbus, WI 53925				•	Amount of Contribution (\$)	\$38.46	
	'	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 08/23/2024	Alanis, Jessica				Amount of Contribution (\$)	\$38.46
	·	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 5/258 Rpt: 8/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	-	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
_	Delicalization	Columbus, WI 53925	lo-	Frankrije (Cooks trocking)			
8		pation / Job title (See Instructions) ment Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Alanis, Jessica				Amount of Contribution (\$)	\$38.46
	Dringing! goog	Columbus, WI 53925 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		ment Relations		Travelers Indemnity Co	·)		
	Date 10/03/2024				Amount of Contribution (\$)	\$38.46	
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
10/18/2024 Alanis		Alanis, Jessica				Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 07/12/2024	Full name of contributor out-of-star Atkinson, Jerald Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		·····oporty					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 6/258 Rpt: 9/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 07/26/2024	Atkinson, Jerald	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	2VP UW Nat			Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor Atkinson, Jerald Contributor address; City; State;				Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$35.00	
		Hartford, CT 06183					
	Principal occu 2VP UW Nat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
Date Full name of contributor out-of-state 09/06/2024 Atkinson, Jerald		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00	
	Principal occu 2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/20/2024	Full name of contributor Atkinson, Jerald Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP UW Nat	. горену		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 7/258 Rpt: 10/264	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state out-of-s			7	Amount of Contribution (\$)	\$35.00
Ω	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/_		
•	2VP UW Nat			Travelers Indemnity Co	·)		
	Date 10/18/2024	Atkinson, Jerald				Amount of Contribution (\$)	\$35.00
	Detectional	Hartford, CT 06183		Family (Carly Instruction	$\overline{\Gamma}$		
	2VP UW Nat	pation / Job title (See Instructions) t'l Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state Atkinson, Lynda Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$70.96
		Phoenix, AZ 85050					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Atkinson, Lynda)		Amount of Contribution (\$)	\$70.96
	·	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state Atkinson, Lynda Contributor address; City; State; Zip Code Phoenix, AZ 85050	te PAC (ID#:)		Amount of Contribution (\$)	\$70.96
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Const L						

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 8/258 Rpt: 11/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	Atkinson, Lynda	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	s) 		
	Date 09/06/2024	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> ;)		
	RVP Const Energy & Marine			Travelers Indemnity Co	,		
	Date 09/20/2024				Amount of Contribution (\$)	\$70.96	
		Phoenix, AZ 85050					
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	s)		
10/03/2024 Atkinson, Contributo		Atkinson, Lynda	state PAC (ID#: ode			Amount of Contribution (\$)	\$70.96
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of- Atkinson, Lynda Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$70.96
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP CUIISTE	Energy & Marine		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 9/258 Rpt: 12/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	Baghdassarian, Holly	e)	7	Amount of Contribution (\$)	\$44.23
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	2VP Financia			Travelers Indemnity Co	,		
	Date 07/26/2024	Full name of contributor out-of-sta Baghdassarian, Holly Contributor address; City; State; Zip Cod-				Amount of Contribution (\$)	\$44.23
		Hartford, CT 06183					
				Employer (See Instructions Travelers Indemnity Co.	5)		
<u> </u>		Travelers Indemnity Co	_				
	Date 08/09/2024	Full name of contributor out-of-sta Baghdassarian, Holly Contributor address; City; State; Zip Cod-	e			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 Full name of contributor out-of-state PAC (ID#: 08/23/2024 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 09/06/2024	Full name of contributor out-of-state Baghdassarian, Holly Contributor address; City; State; Zip Code Hartford, CT 06183	e)		Amount of Contribution (\$)	\$44.23
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Financia	al Analysis		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 10/258 Rpt: 13/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor Baghdassarian, Holly 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$44.23
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
8	2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/03/2024	Full name of contributor Baghdassarian, Holly Contributor address; City; State				Amount of Contribution (\$)	\$44.23
	Deinsinal assu	Hartford, CT 06183		Frankrian (Cookarationa	_		
	Principal occupation / Job title (See Instructions) 2VP Financial Analysis			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024				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 Full name of contributor out-of-state PAC (ID# 07/12/2024 Balady, Michele		out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$75.00	
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Balady, Michele Contributor address; City; State Las Vegas, NV 89113	out-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)		
	Soverno						

	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 11/258 Rpt: 14/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Balady, Michele6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113						
8	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor Balady, Michele Contributor address; City; Si					Amount of Contribution (\$)	\$75.00
	Principal occu	Las Vegas, NV 89113 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	VP Gov't Re				Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Balady, Michele Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113						
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Balady, Michele Contributor address; City; Si Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	5)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Balady, Michele Contributor address; City; Si Las Vegas, NV 89113	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions lations	(5)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 12/258 Rpt: 15/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	5 Full name of contributor out-of Balady, Michele	-state PAC (ID#:		7	Amount of Contribution (\$)	\$75.00
•	Dringinal acqu	Las Vegas, NV 89113 pation / Job title (See Instructions)	l _o	Employer (See Instructions	.,		
<u> </u>	VP Gov't Re	lations	9	Travelers Indemnity Co	')		
	Date 07/12/2024	Full name of contributor out-of Beaudoin, Robert Contributor address; City; State; Zip C)		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	i)		
	Date 07/26/2024	Full name of contributor out-of Beaudoin, Robert Contributor address; City; State; Zip C	-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 08/09/2024	Beaudoin, Robert	-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 08/23/2024	Full name of contributor out-of Beaudoin, Robert Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 13/258 Rpt: 16/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	_		
0	2VP Regulat	pation / Job title (See Instructions) cory Affairs		Travelers Indemnity Co)		
	Date 09/20/2024	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	i)		
	Date 10/03/2024	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	i)		
	Date 10/18/2024	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 07/12/2024	Belden, Scott	of-state PAC (ID#:			Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	3						

	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: 14/258 Rpt: 17/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$167.69
8		Westerly, RI 02891 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID: Belden, Scott Contributor address; City; State; Zip Code		Travelers Indemnity Co		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 08/23/2024	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	<u> </u> s)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID: Belden, Scott Contributor address; City; State; Zip Code		Travelers Indemnity Co		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 09/20/2024	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	s)		
			•				

	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: 15/258 Rpt: 18/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	Belden, Scott	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$167.69
g g	Principal occu	Westerly, RI 02891 pation / Job title (See Instructions)	la la	Employer (See Instructions			
•	SVP Reinsur			Travelers Indemnity Co	')		
	Date 10/18/2024	Full name of contributor Belden, Scott Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$167.69
	Drincinal occu	Westerly, RI 02891 pation / Job title (See Instructions)		Employer (See Instructions			
	SVP Reinsur			Travelers Indemnity Co	')		
	Date 07/12/2024	Full name of contributor Bencini, Michael Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
		Buffalo, NY 14202					
	Principal occu 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/26/2024	Full name of contributor Bencini, Michael Contributor address; City; State; Buffalo, NY 14202	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Bencini, Michael Contributor address; City; State; Buffalo, NY 14202	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	C.a	<u>.</u>					

	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: 16/258 Rpt: 19/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$42.31
Ω	Principal occur	Buffalo, NY 14202 pation / Job title (See Instructions)	lo lo	Employer (See Instructions	·/		
0	2VP Claim N			Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$42.31
		Buffalo, NY 14202					
	Principal occup 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
		Buffalo, NY 14202					
	Principal occur 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Bencini, Michael	of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 10/18/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 3.3	<u>.</u>					

	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: 17/258 Rpt: 20/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	 5 Full name of contributor out-of-state PAG Bessette, Andy 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$269.23
•	Dringing Loon	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) ief Admin Officer	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 07/26/2024	Full name of contributor out-of-state PAG Bessette, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$269.23
	Deireciant	Hartford, CT 06183		Formula con (October American	<u></u>		
	·	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAG 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 08/23/2024	Full name of contributor out-of-state PAG Bessette, Andy Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$269.23
	·	pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAG 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)		
			<u> </u>				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 18/258 Rpt: 21/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	5 Full name of contributor o o Bessette, Andy	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$153.86
_		Hartford, CT 06183	T _a	5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) ief Admin Officer		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 07/12/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
	Dringing! goog	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		Energy & Marine		Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor o 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	s)		
	Date 08/09/2024	Full name of contributor on the Bobeng, Gregory Contributor address; City; State; Zon Alpharetta, GA 30005	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor o Bobeng, Gregory Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Const.L						

	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: 19/258 Rpt: 22/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	Bobeng, Gregory	out-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 09/20/2024	Full name of contributor Bobeng, Gregory Contributor address; City; State;)		Amount of Contribution (\$)	\$25.00
	Dringing! goog	Alpharetta, GA 30005 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		Energy & Marine		Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor Bobeng, Gregory Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Alpharetta, GA 30005					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Bobeng, Gregory Contributor address; City; State; Alpharetta, GA 30005				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Brown, Urana Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	OVI & OTHER	manual Cio		The vote of machinity Co			

	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: 20/258 Rpt: 23/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/26/2024	 Full name of contributor out-of-state PAC Brown, Urana Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$70.19
_	Dringing age	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor out-of-state PAC Bruder, Eric Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183			<u> </u>		
	SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor out-of-state PAC Bruder, Eric Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183					
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	′		
	Date 08/09/2024	Full name of contributor out-of-state PAC Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$66.35
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	`)	•	Amount of Contribution (\$)	\$66.35
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
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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: 21/258 Rpt: 24/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	 5 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$66.35
_	Deirectional	Hartford, CT 06183	٦	Fanda an (Carlos bastos tiana			
8	SVP & CFO	pation / Job title (See Instructions) Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID Bruder, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$66.35
	Dringing! aggs	Hartford, CT 06183	_	Employer (See Instructions	<u></u>		
	SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (IDBruder, EricContributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183					
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$66.35
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 07/12/2024	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)		Employer (See Instructions Travelers Indemnity Co	5)		
	C.a						

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to cor	nplete this form	n.	1	Total pages Schedule A1: Sch: 22/258 Rpt: 25/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	Campbell, Laura	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$39.81
0	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions			
0		pation / Job title (See Instructions) rod Dev&Strat	9	Travelers Indemnity Co	')		
	Date 08/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/23/2024	Full name of contributor out-o Campbell, Laura Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Campbell, Laura				Amount of Contribution (\$)	\$39.81
	·	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/20/2024	Campbell, Laura	f-state PAC (ID#:			Amount of Contribution (\$)	\$39.81
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 23/258 Rpt: 26/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	5 Full name of contributor Campbell, Laura6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Prod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Campbell, Laura Contributor address; City; Sta)		Amount of Contribution (\$)	\$39.81
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	2VP Claim Prod Dev&Strat			Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 24/258 Rpt: 27/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor [Carr, Daniel6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta)		Amount of Contribution (\$)	\$60.87
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 		
		al & Analytics		Travelers Indemnity Co	•		
	Date 09/20/2024	Full name of contributor [Carr, Daniel Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Carr, Daniel Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 25/258 Rpt: 28/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
8		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out- Checkosky, Robert Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
	Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out- Checkosky, Robert Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out- Checkosky, Robert Contributor address; City; State; Zip Hartford, CT 06120	of-state PAC (ID#:			Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/06/2024	Full name of contributor out- Checkosky, Robert Contributor address; City; State; Zip Hartford, CT 06120	of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Colout	22.1.40.00.40.00					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 26/258 Rpt: 29/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	Full name of contributor Checkosky, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
8		pation / Job title (See Instructions) & BI Fld Sls & Dst	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Checkosky, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$47.12
	Principal occu	Hartford, CT 06120 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RVP Select & BI Fld Sls & Dst			Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor [Checkosky, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip 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 07/12/2024	Full name of contributor Coltea, Claudiu Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Coltea, Claudiu Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$38.46
	·	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 27/258 Rpt: 30/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state PAC (ID Coltea, Claudiu Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$38.46
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ise Cust Exprnce	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	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	_				
	Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce			Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID Coltea, Claudiu Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	′		
	Date 09/20/2024	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
	•	pation / Job title (See Instructions) rise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co			
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Coltea, Claudiu Contributor address; City; State; Zip Code Hartford, CT 06183		•	Amount of Contribution (\$)	\$38.46		
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co			
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	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: 28/258 Rpt: 31/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$38.46
_	Deinsinal assu	Hartford, CT 06183	T ₀	Franks on (Cas Instructions			
8	•	pation / Job title (See Instructions) ise Cust Exprnce	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Lees Summit, MO 64081 pation / Job title (See Instructions)	Τ	Employer (See Instructions	;) 		
	UW Officer Select			Travelers Indemnity Co	,,		
	Date 07/26/2024	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	s)		
	Date 08/09/2024	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	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	<u>(</u> 5)		
	Date 08/23/2024	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	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	on onice c		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 29/258 Rpt: 32/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P.	AC))	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Lees Summit, MO 64081	1_		_		
8	Principal occu UW Officer S	pation / Job title (See Instructions) Select	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Principal occur	Lees Summit, MO 64081 pation / Job title (See Instructions)	1	Employer (See Instructions	;)		
	UW Officer Select			Travelers Indemnity Co	P)		
	Date 10/03/2024	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	5)		
	Date 10/18/2024	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	pation / Job title (See Instructions) Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID# 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	5)		
	<u>,</u>		<u> </u>	,			

	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: 30/258 Rpt: 33/264	
2	FILER NAME	c Companies Inc. Political Action Committee (T.F.	246)		3	Filer ID (Ethics Commission 00087159	Filers)
		s Companies, Inc. Political Action Committee (T-F			L		
4	Date 07/26/2024	 Full name of contributor out-of-state PAC (IDa Crichton, Peter Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.77
	Dringing Lagran	Hartford, CT 06183	<u> </u>	Employer (Coo Instructions			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor out-of-state PAC (IDa Crichton, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC (ID:	4.		Г	Amount of Contribution (\$)	
	08/23/2024	Crichton, Peter	r			ranount of Contribution (¢)	\$40.77
		Contributor address; City; State; Zip Code Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	<u> </u>		
	2VP Affinity			Travelers Indemnity Co	,		
		Full some of contributor			_	Amount of Contribution (A)	
	09/06/2024	Pate Full name of contributor out-of-state PAC (ID#:) 19/06/2024 Crichton, Peter Contributor address; City; State; Zip Code			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 09/20/2024	Full name of contributor out-of-state PAC (ID:	#:			Amount of Contribution (\$)	\$40.77
		Contributor address; City; State; Zip Code Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Affinity			Travelers Indemnity Co			
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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: 31/258 Rpt: 34/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	 5 Full name of contributor	<u> </u>)	7	Amount of Contribution (\$)	\$40.77
8	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	 		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Crichton, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID# Cruz, Alexia Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
	•	Hartford, CT 06183 pation / Job title (See Instructions)	Τ	Employer (See Instructions) s)		
	Date 07/26/2024	Contributor address; City; State; Zip Code		Travelers Indemnity Co		Amount of Contribution (\$)	\$25.00
	•	Partford, CT 06183 pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID# 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	s)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 32/258 Rpt: 35/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	г-РАС)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/23/2024	 5 Full name of contributor out-of-state PAC (Cruz, Alexia 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>,,</u>		
•	·	p Gen Counsel Claim	9	Travelers Indemnity Co	·)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (Cruz, Alexia Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim			Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	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 10/03/2024	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)		
	Date 10/18/2024	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)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 33/258 Rpt: 36/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$48.85
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor out-o Dauria, Kathleen Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$48.85
		Hartford, CT 06183		- 100	<u> </u>		
	VP Comm a	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-o Dauria, Kathleen Contributor address; City; State; Zip C	f-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	s)		
	Date 08/23/2024	Dauria, Kathleen	f-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	5)		
	Date 09/06/2024	Dauria, Kathleen	f-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)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 34/258 Rpt: 37/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-st Dauria, Kathleen	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$48.85
	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-st Dauria, Kathleen Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$48.85
	<u> </u>	Hartford, CT 06183	1	5 1 (0 1 1 1	<u></u>		
	VP Comm a	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-st Dauria, Kathleen Contributor address; City; State; Zip Cod	ate 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	5)		
	Date 07/12/2024	DeWitte, Jonathan				Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	DeWitte, Jonathan	ate PAC (ID#:)		Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 35/258 Rpt: 38/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	DeWitte, Jonathan	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$82.21
8	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
•	VP Gov't Rel			Travelers Indemnity Co	,		
	Date 08/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$82.21
		Washington, DC 20005					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Gov't Relations Date Full name of contributor out-of-state PAC (ID#:			Travelers Indemnity Co	<u> </u>	Amount of Contribution (\$)	
	09/06/2024	DeWitte, Jonathan Contributor address; City; State; Zip				, another of Contained alon (4)	\$82.21
		Washington, DC 20005					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	DeWitte, Jonathan	of-state PAC (ID#:			Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	DeWitte, Jonathan	of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 36/258 Rpt: 39/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$82.21
0	Dringing agg	Washington, DC 20005	lo.	Employer (See Instructions	<u>,,</u>		
•	VP Gov't Re	pation / Job title (See Instructions) lations	9	Travelers Indemnity Co	»)		
	Date 07/12/2024	Full name of contributor			•	Amount of Contribution (\$)	\$45.19
	Deinsinal assu	Hartford, CT 06183	<u> </u>	Franksian (Caa Instructions	<u></u>		
	Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 07/26/2024	Full name of contributor out-of-state PA Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.19
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state PA Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$45.19
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PA 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	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 37/258 Rpt: 40/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	 5 Full name of contributor out-of-state P Dube, Lori 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$45.19
	Dringing agg	Hartford, CT 06183		Employer (See Instructions	<u>''</u>		
0	Executive Co	pation / Job title (See Instructions) ounsel	9	Travelers Indemnity Co	»)		
	Date 09/20/2024	Full name of contributor out-of-state P Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.19
	Deinsinal assu	Hartford, CT 06183		Franksian (Cooksatiusetians	<u></u>		
	Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state P Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.19
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state P Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.19
	Principal occu Executive Co	pation / Job title (See Instructions) Dunsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state P 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)		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 thi	s for	m.	1	Total pages Schedule A1: Sch: 38/258 Rpt: 41/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$29.33
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	-, 		
0	Group Gene		9	Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Ebersole, Jodi Contributor address; City; State; Zip Code			•	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 08/23/2024	Full name of contributor out-of-state PAC (II 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	′		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II 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	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (II 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)		Employer (See Instructions Travelers Indemnity Co			
	Stoup Gene	Tai Courisci		Travelers indefinity CO			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 39/258 Rpt: 42/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	Full name of contributor Ebersole, Jodi Contributor address; City; State			7	Amount of Contribution (\$)	\$29.33
		Hartford, CT 06183					
8	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Ebersole, Jodi Contributor address; City; Stat			•	Amount of Contribution (\$)	\$29.33
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Group Gene			Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Eckert, Karen Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Eckert, Karen Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor Eckert, Karen Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co			
			1				

	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: 40/258 Rpt: 43/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor out-of-state PAC (ID Eckert, Karen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>,,</u>		
•	•	Field Solutions-PI		Travelers Indemnity Co	·)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (IDECKERT, Karen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (IDECKERT, 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 10/03/2024	Full name of contributor out-of-state PAC (IDECKERT, Karen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (IDECKERT, Karen Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Field Solutions-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Agent de						

	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: 41/258 Rpt: 44/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state PAC (IE Ferren, William Contributor address; City; State; Zip Code 	D#:		7	Amount of Contribution (\$)	\$40.38
_	Dringing age	Blue Bell, PA 19422	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) ounsel Claim	g	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (IE Ferren, William Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422			<u></u>		
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (IE 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 08/23/2024	Full name of contributor out-of-state PAC (IE 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 09/06/2024	Full name of contributor out-of-state PAC (IE Ferren, William Contributor address; City; State; Zip Code Blue Bell, PA 19422)		Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 42/258 Rpt: 45/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	·	e PAC (ID#:)	7	Amount of Contribution (\$)	\$40.38
_	D: : 1	Blue Bell, PA 19422	- la		<u></u>		
8	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Ferren, William)		Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state Ferren, William Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Flanagan, Barbara				Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/26/2024	Full name of contributor out-of-state Flanagan, Barbara Contributor address; City; State; Zip Code Hartford, CT 06183	e PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 43/258 Rpt: 46/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	5 Full name of contributor Flanagan, Barbara6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$52.88
•	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/-		
0	VP HR - Clai		9	Travelers Indemnity Co	·)		
	Date 08/23/2024	Full name of contributor Flanagan, Barbara Contributor address; City; Sta)		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	s)		
	Date 09/06/2024	Full name of contributor Flanagan, Barbara Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$52.88
	5	Hartford, CT 06183		- I (0 I i ii	<u></u>		
	VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Flanagan, Barbara Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 10/03/2024	Full name of contributor Flanagan, Barbara Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: ite; Zip Code)	•	Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 44/258 Rpt: 47/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	5 Full name of contributor Flanagan, Barbara6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
8	Principal occu VP HR - Clai	pation / Job title (See Instructions) im	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Forshey, James Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
		gmt Bond & SI		Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Forshey, James Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Forshey, James Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor Forshey, James Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
		-		,			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	m.	1	Total pages Schedule A1: Sch: 45/258 Rpt: 48/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	Forshey, James	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Lagra	Hartford, CT 06183	lo.	Frankston (Cookstants)	<u></u>		
8		pation / Job title (See Instructions) gmt Bond & SI	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor out-of Forshey, James Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183	1		<u></u>		
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of Forshey, James Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Forshey, James	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions) gmt Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of Frank, Lindsay Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$16.25
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	g. Govern	TOTAL TOTAL OFFI					

	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: 46/258 Rpt: 49/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$16.25
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Mgr Governr	ment Relations		Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Mgr Government Relations		Travelers Indemnity Co				
	Date 08/23/2024	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II)	-	Amount of Contribution (\$)	\$16.25
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (II Frank, Lindsay Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$16.25
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Mgr Governr	ment Relations		Travelers Indemnity Co			

	MONET	ARY POLITICAL C		SCHEDUL	E A1		
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 47/258 Rpt: 50/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	5 Full name of contributor [Frank, Lindsay6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$16.25
		Hartford, CT 06183					
8		pation / Job title (See Instructions) ment Relations	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor [Frank, Lindsay Contributor address; City; Stat			•	Amount of Contribution (\$)	\$16.25
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Mgr Government Relations Travelers Indemnity Co						
	Date 07/12/2024	Full name of contributor [French, David Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$118.85
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor [French, David Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$118.85
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor French, David Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$118.85
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 48/258 Rpt: 51/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	5 Full name of contributor French, David6 Contributor address; City; State			7	Amount of Contribution (\$)	\$118.85
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/06/2024	Full name of contributor French, David Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$118.85
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
		Personal Insurance		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor French, David Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$118.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor French, David Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$118.85
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor French, David Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)	•	Amount of Contribution (\$)	\$118.85
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
				4 33			

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instru	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 49/258 Rpt: 52/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state in Frey, Daniel 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 07/26/2024	Full name of contributor out-of-state if Frey, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
				Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state for the state of th	PAC (ID#:		•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/23/2024	Full name of contributor out-of-state I 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 09/06/2024	Full name of contributor out-of-state F 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)		
			I				

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1				
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 50/258 Rpt: 53/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 5 Full name of contributor out-of-state F 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 10/03/2024	Full name of contributor out-of-state F Frey, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
				Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state F Frey, Daniel Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state F Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions) f Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state F Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183	,)	•	Amount of Contribution (\$)	\$153.85
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 51/258 Rpt: 54/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$153.85
_	Duinning Langu	Hartford, CT 06183	- 10	Franks on (Cook batturations			
8		pation / Job title (See Instructions) Information Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor				Amount of Contribution (\$)	\$153.85
	Dringing aggr	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
			Employer (See Instructions Travelers Indemnity Co	5)			
	Date 09/06/2024	Full name of contributor out-of-state PAC Galvin, Jason Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	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 10/03/2024	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)		Employer (See Instructions Travelers Indemnity Co	5)		
	2. 2. 301						

	MONET	ARY POLITICAL CONTRI		SCHEDUL	E A1		
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 52/258 Rpt: 55/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	·	e PAC (ID#:		7	Amount of Contribution (\$)	\$153.85
_		Hartford, CT 06183			<u></u>		
8		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
	Deinsinal assu	Hartford, CT 06183		Frankrian (Can Instructions	<u></u>		
				Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state Garten, Cynthia Contributor address; City; State; Zip Code	e 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 08/09/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
	·	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/23/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
	·	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 53/258 Rpt: 56/264	
2	FILER NAME	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	\$53.85
_	Dringing age	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-s Garten, Cynthia Contributor address; City; State; Zip Co			•	Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/03/2024	Full name of contributor out-of-s Garten, Cynthia Contributor address; City; State; Zip Co	state 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 10/18/2024	Garten, Cynthia	state PAC (ID#: ode			Amount of Contribution (\$)	\$53.85
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	<u>1 </u>		
	Date 07/12/2024	Gee, Patrick	state PAC (ID#:)		Amount of Contribution (\$)	\$38.56
	Principal occu SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 3.4						

	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: 54/258 Rpt: 57/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC))	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 5 Full name of contributor out-of-state PAC (ID Gee, Patrick) 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$38.56
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 08/09/2024	Full name of contributor out-of-state PAC (ID 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 08/23/2024	Full name of contributor out-of-state PAC (ID 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 09/06/2024	Full name of contributor out-of-state PAC (ID 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) Personal Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID 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)		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 55/258 Rpt: 58/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state PAC Gee, Patrick 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$38.56
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	SVP Claim F		3	Travelers Indemnity Co	>)		
	Date 10/18/2024	Full name of contributor out-of-state PAC 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			
	Date 07/12/2024	Full name of contributor out-of-state PAC Gehrhardt, Beth Contributor address; City; State; Zip Code	C (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	′		
	Date 07/26/2024	Full name of contributor out-of-state PAC 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) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC 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			
	v. Haman P						

	MONET	ARY POLITICAL C	CONTRIBUTION	N :	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 56/258 Rpt: 59/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributorGehrhardt, Beth6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$45.16
		Hartford, CT 06183						
8	Principal occu VP Human F	pation / Job title (See Instructions Resources	9		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/06/2024	Full name of contributor Gehrhardt, Beth Contributor address; City; St					Amount of Contribution (\$)	\$45.16
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	VP Human F		,		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor Gehrhardt, Beth Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		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 10/03/2024	Full name of contributor Gehrhardt, Beth Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.16
	Principal occu VP Human F	pation / Job title (See Instructions Resources)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor Gehrhardt, Beth Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.16
	Principal occu VP Human F	pation / Job title (See Instructions Resources	9)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 57/258 Rpt: 60/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031					
8	Principal occu Sr Dir Circle			Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Sr Dir Circle	,		Travelers Indemnity Co	')		
	Date 08/09/2024	Full name of contributor	out-of-state PAC (ID#: 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 08/23/2024	Full name of contributor	out-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 09/06/2024	Full name of contributor Gerstman, Anne Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) Lead - Tech		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 58/258 Rpt: 61/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor Gerstman, Anne	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
		Hunt Valley, MD 21031	į				
8	Principal occu Sr Dir Circle			Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor Gerstman, Anne Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Dringing agg	Hunt Valley, MD 21031 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	Sr Dir Circle	. , ,		Travelers Indemnity Co	')		
	Date 10/18/2024	Full name of contributor Gerstman, Anne Contributor address; City; State;	out-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)		
	Date 07/12/2024	Full name of contributor Gervino, Elena Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 07/26/2024	Full name of contributor Gervino, Elena Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		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: 59/258 Rpt: 62/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor out Gervino, Elena	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo l	Employer (See Instructions	·/		
0	VP Subrogat			Travelers Indemnity Co	•)		
	Date 08/23/2024	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	D: : 1	Hartford, CT 06183	1		<u></u>		
	VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Hartford, CT 06183					
	Principal occu VP Subrogat	pation / Job title (See Instructions) tion		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip Hartford, CT 06183	-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)		
	Date 10/03/2024	Full name of contributor out Gervino, Elena Contributor address; City; State; Zip Hartford, CT 06183	-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu VP Subrogat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 60/258 Rpt: 63/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 5 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$30.00
Q	Drincinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	·/		
0	VP Subrogat		9	Travelers Indemnity Co	·)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (I Gibbons, Myles Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
		pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (I Gibbons, Myles Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
		pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (I Gibbons, Myles Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$86.54
		pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (I Gibbons, Myles Contributor address; City; State; Zip Code Hartford, CT 06183	ID#:		•	Amount of Contribution (\$)	\$86.54
	·	pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONEI	ARY POLITICAL CONTRIBUTI		SCHEDULI	E A1		
	The Instru	ction Guide explains how to complete this	fo	rm.	1	Total pages Schedule A1: Sch: 61/258 Rpt: 64/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$86.54
8		Hartford, CT 06183 pation / Job title (See Instructions) AG & CUO Mid Mkt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID# Gibbons, Myles Contributor address; City; State; Zip Code Hartford, CT 06183	#:		•	Amount of Contribution (\$)	\$86.54
	·	pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID# Gibbons, Myles Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$86.54
	·	Hartford, CT 06183 pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Gibbons, Myles Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183 pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/12/2024	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) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 62/258 Rpt: 65/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$148.08
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	z)		
0	SVP Chief A		3	Travelers Indemnity Co	>)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (I Gifford, Bruce Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183					
	Principal occup SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor out-of-state PAC (I Gifford, Bruce Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183					
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor out-of-state PAC (I 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)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (I 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			
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	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 63/258 Rpt: 66/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	5 Full name of contributor Gifford, Bruce6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183					
8	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Gifford, Bruce Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$148.08
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	SVP Chief Actuary BI Travelers Indemnity Co						
	Date 07/12/2024	Full name of contributor Goldstein, Abbe Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		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	5)		
	Date 07/26/2024	Full name of contributor Goldstein, Abbe Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Goldstein, Abbe Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is fori	n.	1	Total pages Schedule A1: Sch: 64/258 Rpt: 67/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		New York City, NY 10017		5 1 (0 1 1 1			
8	SVP Investo	pation / Job title (See Instructions) r Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	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	 ;)		
	SVP Investor Relations Travelers Indemnity Co						
	Date 09/20/2024	Full name of contributor	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 10/03/2024	Full name of contributor out-of-state PAC (Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	SVF IIIVES(U	1 IVOIGHOHA		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 65/258 Rpt: 68/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_		Hartford, CT 06183	1-		<u></u>		
8		pation / Job title (See Instructions) duct & Services	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Gorecki, John				Amount of Contribution (\$)	\$15.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
			Travelers Indemnity Co	·)			
	Date 08/09/2024	Full name of contributor out-of-sta Gorecki, John Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Gorecki, John)		Amount of Contribution (\$)	\$15.00
		pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/06/2024	Gorecki, John	ate PAC (ID#:			Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	VF C33 F10	UUUL & JEI VILES		Travelers indefinitly 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: 66/258 Rpt: 69/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) duct & Services	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (II 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	;) 		
			Travelers Indemnity Co	,,			
	Date 10/18/2024	Full name of contributor out-of-state PAC (II Gorecki, John Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$15.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) duct & Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (II Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041				Amount of Contribution (\$)	\$49.42
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (If Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041				Amount of Contribution (\$)	\$49.42
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
		-noig, a maine					

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 67/258 Rpt: 70/264	
2	FILER NAME	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	Full name of contributor	(ID#:)	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 08/23/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$49.42
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	•	Energy & Marine		Travelers Indemnity Co	-,		
	Date 09/06/2024	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$49.42
		Houston, TX 77041					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041)		Amount of Contribution (\$)	\$49.42
	•	pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (Griffard, Julie Contributor address; City; State; Zip Code Houston, TX 77041	`			Amount of Contribution (\$)	\$49.42
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP CUISEE	Energy & Marine		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 68/258 Rpt: 71/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$49.42
_		Houston, TX 77041	- la		<u></u>		
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Griner, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$31.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Sr Counsel Claim Travelers		Travelers Indemnity Co	,			
	Date 07/26/2024	Full name of contributor out-of-state Griner, John Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$31.92
		Brookfield, WI 53005					
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Griner, John				Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	<u>. </u>		
	Date 08/23/2024	Griner, John)		Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	5. 504/150/1						

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 69/258 Rpt: 72/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 09/06/2024	5 Full name of contributorGriner, John6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$31.92
		Brookfield, WI 53005					
8	Principal occu Sr Counsel (Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor Griner, John Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$31.92
	Principal occu	Brookfield, WI 53005 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Sr Counsel 0	Claim		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Griner, John Contributor address; City; Sta	out-of-state PAC (ID#: tte; 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 10/18/2024	Full name of contributor Griner, John Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel 0	pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	•		
	Date 07/12/2024	Full name of contributor Gross, Travis Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$16.01
	Principal occu Director Clai	pation / Job title (See Instructions) m Mgmt		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 70/258 Rpt: 73/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024		state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.01
_	D: : 1	Richardson, TX 75081	1-	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 08/09/2024	Full name of contributor out-of- Gross, Travis Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$16.01
	Dringing agg	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Director Clai	,		Travelers Indemnity Co)		
	Date 08/23/2024	Full name of contributor out-of- Gross, Travis Contributor address; City; State; Zip C	-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 09/06/2024	Gross, Travis Contributor address; City; State; Zip C	ode)		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 09/20/2024	Full name of contributor out-of-	estate PAC (ID#:			Amount of Contribution (\$)	\$16.01
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Clai	iii ivigiiit		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 71/258 Rpt: 74/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	 Full name of contributor out-of-state PAC (ID#: Gross, Travis Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$16.01
_	Deinsinal assu	Richardson, TX 75081	10	Franks on (Cas Instructions	<u></u>		
8	Director Clai	pation / Job title (See Instructions) m Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: Gross, Travis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$16.01
	Principal occur	Richardson, TX 75081 pation / Job title (See Instructions)	_	Employer (See Instructions	-)		
	Director Clair	'		Travelers Indemnity Co	P)		
	Date 07/12/2024	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 07/26/2024	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	<u>s)</u>		
	Date 08/09/2024	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	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 72/258 Rpt: 75/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$89.42
		New York City, NY 10017					
8	Principal occu National Acc	pation / Job title (See Instructions) ounts VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	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	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date 09/20/2024	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 occup	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	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 10/18/2024	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
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	National Acc	ouns ve	<u> </u>	Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 73/258 Rpt: 76/264	
2	FILER NAME	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	5 Full name of contributor Hankinson, Allen	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.83
_	Delegale al acces	Hunt Valley, MD 21031	- Io	For all and (Constructions	$\overline{\Gamma}$		
8	•	pation / Job title (See Instructions) Director Select	g	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Hankinson, Allen Contributor address; City; State)		Amount of Contribution (\$)	\$16.83
	Dringinal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	•	Director Select		Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor Hankinson, Allen Contributor address; City; State	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 08/23/2024	Full name of contributor Hankinson, Allen Contributor address; City; State Hunt Valley, MD 21031	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$16.83
	•	pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Hankinson, Allen Contributor address; City; State Hunt Valley, MD 21031	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$16.83
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Onderwriting	Director Select		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 74/258 Rpt: 77/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.83
_		Hunt Valley, MD 21031					
8	•	pation / Job title (See Instructions) Director Select		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 10/03/2024	Hankinson, Allen Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.83
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	•	Director Select		Travelers Indemnity Co	,		
	Date 10/18/2024	Full name of contributor	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 07/12/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.58
		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	()		
	Date 07/26/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions	()		
	VF CIAIIII PI	ου ρεγασιιαί		Travelers Indemnity Co			

	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: 75/258 Rpt: 78/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.58
_	Deinsinal assu	Hartford, CT 06183	lo lo	Frankrian (Can Instructions	<u></u>		
8		pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$40.58
	Deinsinal assu	Hartford, CT 06183		Frankrian (Can Instructions	<u></u>		
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip 0	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 09/20/2024	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	5)		
	Date 10/03/2024	Full name of contributor out-on the Harris, Douglas Contributor address; City; State; Zip of the Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 76/258 Rpt: 79/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	5 Full name of contributor out-of-state Harris, Douglas)	7	Amount of Contribution (\$)	\$40.58
_		Hartford, CT 06183	la la		<u></u>		
8		pation / Job title (See Instructions) od Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor	-			Amount of Contribution (\$)	\$30.00
	Dringinal occu	Canandaigua, NY 14424 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Lead Learnir	· · · · · · · · · · · · · · · · · · ·		Travelers Indemnity Co	"		
	Date 07/26/2024	Full name of contributor out-of-state Hart, Christopher Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state 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	5)		
	Date 08/23/2024	Full name of contributor out-of-state Hart, Christopher Contributor address; City; State; Zip Code Canandaigua, NY 14424	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Lead Learnir	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Leau Leaniii	ig i dolliddol		Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 77/258 Rpt: 80/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Canandaigua, NY 14424 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
Ü	Lead Learnir	•		Travelers Indemnity Co	P)		
	Date 09/20/2024	Full name of contributor out-of-state Hart, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date	Full name of contributor out-of-state	DAC (ID)	Travelers indefinity Co		Amount of Contribution (\$)	
	10/03/2024	Hart, Christopher Contributor address; City; State; Zip Code				yuncun or contribution (c)	\$30.00
		Canandaigua, NY 14424					
	Principal occu Lead Learnir	pation / Job title (See Instructions) ng Facilitator		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state 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	5)		
	Date 07/12/2024	Full name of contributor out-of-state Hayes, Christopher Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:			Amount of Contribution (\$)	\$17.12
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Risk Co	JI III OI		Travelers Indemnity Co			

	MONET	ARY POLITICAL (CONTRIBUTION	N	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 78/258 Rpt: 81/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor Hayes, Christopher6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$17.12
		Hartford, CT 06183						
8	Principal occu 2VP Risk Co	pation / Job title (See Instructions ontrol	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Hayes, Christopher Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code			•	Amount of Contribution (\$)	\$17.12
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	2VP Risk Co		,		Travelers Indemnity Co	,		
	Date 08/23/2024	Full name of contributor Hayes, Christopher Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$17.12
		Hartford, CT 06183						
	Principal occu 2VP Risk Co	pation / Job title (See Instructions entrol)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Hayes, Christopher Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$17.12
	Principal occu 2VP Risk Co	pation / Job title (See Instructions entrol)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Hayes, Christopher Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$17.12
	Principal occu 2VP Risk Co	pation / Job title (See Instructions ontrol	·)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 79/258 Rpt: 82/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$17.12
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	=)		
	2VP Risk Co			Travelers Indemnity Co	•)		
	Date 10/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$17.12
		Hartford, CT 06183					
	Principal occu 2VP Risk Co	pation / Job title (See Instructions) ontrol		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	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 07/26/2024	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)		
	Date 08/09/2024	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)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 80/258 Rpt: 83/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/23/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$25.92
_	Deinsinal	Hartford, CT 06183	- 10	Faralas a (Osas la structiona			
8		pation / Job title (See Instructions) a Management	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/06/2024	Full name of contributor out-of-state PAC Haze, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.92
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	•	pation / Job title (See Instructions) a Management		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	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 10/03/2024	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	<u>I</u> S)		
	Date 10/18/2024	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)		
	233(3) Dull						

	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: 81/258 Rpt: 84/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor Henderson, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.25
_		Richardson, TX 75081	1-				
8		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/26/2024	Full name of contributor Henderson, Charles Contributor address; City; State;				Amount of Contribution (\$)	\$38.25
	Dringing age	Richardson, TX 75081	1	Employer (Coo Instructions	_		
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor Henderson, Charles Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081					
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/23/2024	Full name of contributor Henderson, Charles Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.25
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor Henderson, Charles Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	()		
	ST. CHICK I	Tallonia i Topotty					

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 82/258 Rpt: 85/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	;)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	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
		Richardson, TX 75081						
8		pation / Job title (See Instructions National Property) [9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/03/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		National Property			Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Henderson, Charles Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081						
		pation / Job title (See Instructions National Property			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Hentnick, Donna Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Principal occu VP Human F	pation / Job title (See Instructions Resources			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Hentnick, Donna Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Principal occu VP Human F	pation / Job title (See Instructions Resources			Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	CONTRIBUTION	NS 	; 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 83/258 Rpt: 86/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)	;)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Hentnick, Donna6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183						
8	Principal occu VP Human F	pation / Job title (See Instructions)	9		mployer (See Instructions ravelers Indemnity Co)		
	Date 08/23/2024	Full name of contributor Hentnick, Donna Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		E	mployer (See Instructions)		
	VP Human F	Resources		Т	ravelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Hentnick, Donna Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183						
	Principal occu VP Human F	pation / Job title (See Instructions) Resources)		mployer (See Instructions ravelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor Hentnick, Donna Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Principal occu VP Human F	pation / Job title (See Instructions) Resources			mployer (See Instructions ravelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor Hentnick, Donna Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.32
	Principal occu VP Human F	pation / Job title (See Instructions) Resources			mployer (See Instructions ravelers Indemnity Co)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 84/258 Rpt: 87/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	5 Full name of contributor Hentnick, Donna6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183					
8	Principal occu VP Human F	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Herron, Peter Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$76.92
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	SVP PNP Bo	ond & SI		Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Herron, Peter Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) and & SI		Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor Herron, Peter Contributor address; City; Sta	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	-		
	Date 08/23/2024	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	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co			
	211						

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 85/258 Rpt: 88/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	5 Full name of contributor Herron, Peter6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183						
8	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Herron, Peter Contributor address; City; St)		Amount of Contribution (\$)	\$76.92
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	SVP PNP Bo		,		Travelers Indemnity Co	,		
	Date 10/03/2024	Full name of contributor Herron, Peter Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183						
	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Herron, Peter Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions and & SI)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Herzog, Kristin Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$95.19
		pation / Job title (See Instructions Gen Counsel-Claim			Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 86/258 Rpt: 89/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$95.19
_	Deinsinal assu	Hartford, CT 06183	lo.	Franks var (Caa Instructions			
8		pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAG Herzog, Kristin Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183		5 1 (0 1 : :	<u></u>		
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 08/23/2024	Full name of contributor out-of-state PAG Herzog, Kristin Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC Herzog, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$95.19
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/20/2024	Full name of contributor out-of-state PAG Herzog, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$95.19
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 87/258 Rpt: 90/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	5 Full name of contributor out-of-state PAC Herzog, Kristin 6 Contributor address; City; State; Zip Code	(ID#:)	7	Amount of Contribution (\$)	\$95.19
_		Hartford, CT 06183	la la	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/18/2024	Full name of contributor			•	Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Heyman, William Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$288.46
		New York City, NY 10017					
	Principal occu Vice Chairm	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$288.46
	Principal occu Vice Chairm	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC Heyman, William Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$288.46
	Principal occu Vice Chairm	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 88/258 Rpt: 91/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$288.46
8	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ü	Vice Chairma			Travelers Indemnity Co	"		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Heyman, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$96.18
	Dringing aggr	New York City, NY 10017	_	Employer (See Instructions	<u>''</u>		
	Vice Chairma	pation / Job title (See Instructions) an		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Higgins, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183	_				
	•	pation / Job title (See Instructions) dl MktNatlProp&Bl Fld		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#: Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
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	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: 89/258 Rpt: 92/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P.	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$221.15
_	Dringing age	Hartford, CT 06183	٦	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) dl MktNatlProp&Bl Fld	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID# Higgins, Scott Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$221.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	-	dl MktNatlProp&Bl Fld		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$221.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID# Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$221.15
	•	pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Higgins, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	<u> </u>)	•	Amount of Contribution (\$)	\$221.15
		pation / Job title (See Instructions) dl MktNatlProp&BI Fld		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 90/258 Rpt: 93/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$60.58
		Blue Bell, PA 19422					
8	Principal occu BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Hill, David				Amount of Contribution (\$)	\$60.58
	Dringinal occu	Blue Bell, PA 19422 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	BI Field Vice			Travelers Indemnity Co	·)		
	Date 08/09/2024	Full name of contributor out-of-stat Hill, David Contributor address; City; State; Zip Code	ee PAC (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	5)		
	Date 08/23/2024	Hill, David)	•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Hill, David	te PAC (ID#:)	•	Amount of Contribution (\$)	\$60.58
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	BI Field Vice	FFICOIUCIIL		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	N5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 91/258 Rpt: 94/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	ction Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor Hill, David6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$60.58
8		Blue Bell, PA 19422 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/03/2024	Full name of contributor Hill, David Contributor address; City; St Blue Bell, PA 19422	out-of-state PAC (ID#:ate; Zip Code	Travelers Indemnity Co		Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions President)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Hill, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	Blue Bell, PA 19422 pation / Job title (See Instructions President)	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/12/2024	Full name of contributor Hoffman, Brian Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/26/2024	Full name of contributor Hoffman, Brian Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Re	nation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co	<u>L</u> S)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 92/258 Rpt: 95/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	-	e PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_		Hartford, CT 06183	- la	-	Ĺ		
8	VP Gov't Rel	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Hoffman, Brian				Amount of Contribution (\$)	\$15.00
	Delicalization	Hartford, CT 06183		Fourtheast (October American	<u></u>		
	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor out-of-state Hoffman, Brian Contributor address; City; State; Zip Code)		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	-		
	Date 09/20/2024	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	-		
	Date 10/03/2024	Full name of contributor out-of-state Hoffman, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$15.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 93/258 Rpt: 96/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_	Dein sin al a a su	Hartford, CT 06183	la la	For all 100 and 100 an			
8	VP Gov't Re	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code	-		•	Amount of Contribution (\$)	\$38.06
		Chicago, IL 60601		5 1 (0 1 1 1	Ĺ		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$38.06
		Chicago, IL 60601					
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	-		
	Date 08/09/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.06
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor out-of-state PA Hogan, George Contributor address; City; State; Zip Code Chicago, IL 60601	AC (ID#:)		Amount of Contribution (\$)	\$38.06
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co			
	S. Regional	2		Travelers muchinity CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 94/258 Rpt: 97/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state PAC Hogan, George Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$38.06
_	Dringing agg	Chicago, IL 60601		Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) Dir Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 09/20/2024	Full name of contributor out-of-state PAC Hogan, George Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$38.06
	Deinsinal	Chicago, IL 60601		For all 1997 (October 1997)			
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	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 10/18/2024	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>l</u> s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	I (ID#:)		Amount of Contribution (\$)	\$21.04
	•	pation / Job title (See Instructions) sel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION		5		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 95/258 Rpt: 98/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC))		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor Hopkins, Alexander6 Contributor address; City; State	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$21.04
		Hartford, CT 06183	1					
8		pation / Job title (See Instructions) sel Bond & SI	9		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor Hopkins, Alexander Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.04
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		-	Employer (See Instructions	<u> </u>		
		sel Bond & SI			Travelers Indemnity Co	,		
	Date 08/23/2024	Full name of contributor Hopkins, Alexander Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$21.04
		Hartford, CT 06183						
		pation / Job title (See Instructions) sel Bond & SI			Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor Hopkins, Alexander Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.04
	·	pation / Job title (See Instructions) sel Bond & SI			Employer (See Instructions Travelers Indemnity Co	()		
	Date 09/20/2024	Full name of contributor Hopkins, Alexander Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$21.04
	·	pation / Job title (See Instructions) sel Bond & SI			Employer (See Instructions Travelers Indemnity Co	<u> </u>		

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1				
	The Instru	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 96/258 Rpt: 99/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state F Hopkins, Alexander 6 Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$21.04
0	Dringing! goog	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
0		pation / Job title (See Instructions) sel Bond & SI	9	Travelers Indemnity Co)		
	Date 10/18/2024	Full name of contributor out-of-state F Hopkins, Alexander Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$21.04
	Dringinal acqu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	·	sel Bond & SI		Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor out-of-state F Horan, William Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
		pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state F 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 08/09/2024	Full name of contributor out-of-state F Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)		Amount of Contribution (\$)	\$40.38
	·	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 97/258 Rpt: 100/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.38
_		San Antonio, TX 78216	- 1-	5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) Claim Field VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor	,)	•	Amount of Contribution (\$)	\$40.38
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Claim Field VP		Travelers Indemnity Co	"		
	Date 09/20/2024	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Catastroprie	Gram Field VI	<u> </u>	Travelers indefining CO			

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 98/258 Rpt: 101/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	Houston, Marchelle	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	Hartford, CT 06183	la la	English (On Instruction	$\overline{\Gamma}$		
8	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor of contributor do contributor address; City; State; Z)		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 08/09/2024	Full name of contributor of contributor do contributor, Marchelle contributor address; City; State; Z	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 08/23/2024	Full name of contributor of Contributor of Contributor Address; City; State; Zontributor Address; City; State; Zontributor CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor of Houston, Marchelle Contributor address; City; State; Z Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 25.14 00						

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 99/258 Rpt: 102/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	Houston, Marchelle	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Dringing! agg.	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
0	SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor Houston, Marchelle Contributor address; City; State;)		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	i)		
	Date 10/18/2024	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	i)		
	Date 07/12/2024	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) President		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 07/26/2024	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) President		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS	5		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 100/258 Rpt: 103/264	ļ
2	FILER NAME	rs Companies, Inc. Political Act	ion Committee (T-PAC)	.)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Hudson, Melanie	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$55.77
		Charlotte, NC 28226						
8	Principal occu BI Field Vice		9		mployer (See Instructions ravelers Indemnity Co	i)		
	Date 08/23/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.77
	Dringing agg	Charlotte, NC 28226 pation / Job title (See Instructions)			Employer (See Instructions	_		
	BI Field Vice				ravelers Indemnity Co)		
	Date 09/06/2024	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 BI Field Vice	pation / Job title (See Instructions) President			mployer (See Instructions ravelers Indemnity Co	·)		
	Date 09/20/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	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 10/03/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$55.77
	Principal occu BI Field Vice	pation / Job title (See Instructions)			imployer (See Instructions)		
	DI FIEIU VICE	FFIGSIUCIIL			ravelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 101/258 Rpt: 104/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$55.77
_		Charlotte, NC 28226			L		
8	BI Field Vice		9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	•	Counsel Bond & SI		Travelers Indemnity Co	-,		
	Date 07/26/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC 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 08/23/2024	Full name of contributor out-of-state PAC 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)		
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	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 102/258 Rpt: 105/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$45.00
_	Dringing age	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 09/20/2024	Full name of contributor)		Amount of Contribution (\$)	\$45.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	Counsel Bond & SI		Travelers Indemnity Co	,,		
	Date 10/03/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC 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 07/12/2024	Full name of contributor out-of-state PAC Ibuzor, Aloy Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$27.31
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 103/258 Rpt: 106/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 5 Full name of contributor out-of-state PAC (II lbuzor, Aloy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$27.31
8	Dringing agg	Melville, NY 11747	lo.	Employer (See Instructions	<u>,,</u>		
•		pation / Job title (See Instructions) o Gen Counsel-Claim		Travelers Indemnity Co	»)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Ibuzor, Aloy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$27.31
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	o Gen Counsel-Claim		Travelers Indemnity Co	,,		
	Date 08/23/2024	Full name of contributor out-of-state PAC (II Ibuzor, Aloy Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$27.31
		Melville, NY 11747					
	•	pation / Job title (See Instructions) O Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II Ibuzor, Aloy Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$27.31
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (II Ibuzor, Aloy Contributor address; City; State; Zip Code Melville, NY 11747)		Amount of Contribution (\$)	\$27.31
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	nasoc Group	, den counser-ciaim		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	his forr	n.	1	Total pages Schedule A1: Sch: 104/258 Rpt: 107/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$27.31
8	Dringinal occu	Melville, NY 11747 pation / Job title (See Instructions)	la la	Employer (See Instructions	-/- 		
•		o Gen Counsel-Claim	9	Travelers Indemnity Co	·)		
	Date 10/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$27.31
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	s)		
		Gen Counsel-Claim		Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor out-of-state PAC Ingham, Janis Contributor address; City; State; Zip Code	(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 07/26/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$14.62
		Casselberry, FL 32707 pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor out-of-state PAC Ingham, Janis Contributor address; City; State; Zip Code Casselberry, FL 32707	(ID#:)		Amount of Contribution (\$)	\$14.62
	•	pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 105/258 Rpt: 108/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$14.62
		Casselberry, FL 32707					
8	•	pation / Job title (See Instructions) ess Process Mgmt	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/06/2024	Full name of contributor [Ingham, Janis Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$14.62
	Principal occu	Casselberry, FL 32707 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	•	ess Process Mgmt		Travelers Indemnity Co	-,		
	Date 09/20/2024	Full name of contributor [Ingham, Janis Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$14.62
		Casselberry, FL 32707					
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Ingham, Janis Contributor address; City; Stat	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$14.62
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Ingham, Janis Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$14.62
		pation / Job title (See Instructions) ess Process Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	this forr	m.	1	Total pages Schedule A1: Sch: 106/258 Rpt: 109/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Hunt Valley, MD 21031	ام	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ounsel Prod Line Ld	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	ounsel Prod Line Ld		Travelers Indemnity Co	,		
	Date 08/09/2024	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC Jagielski, Joseph Contributor address; City; State; Zip Code Hunt Valley, MD 21031	C (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	TON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 107/258 Rpt: 110/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC (II Jagielski, Joseph Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Hunt Valley, MD 21031	ام	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ounsel Prod Line Ld	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (II Jagielski, Joseph Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Hunt Valley, MD 21031 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ounsel Prod Line Ld		Travelers Indemnity Co	"		
	Date 10/18/2024	Full name of contributor out-of-state PAC (II Jagielski, Joseph Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$25.00
		Hunt Valley, MD 21031					
	•	pation / Job title (See Instructions) ounsel Prod Line Ld		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (II Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$22.78
	Principal occu VP Value Str	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (II Jenkins, Bob Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$22.78
	Principal occu VP Value Str	pation / Job title (See Instructions)		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	m.	1	Total pages Schedule A1: Sch: 108/258 Rpt: 111/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	· — —	PAC (ID#:)	7	Amount of Contribution (\$)	\$22.78
0	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u></u>		
0	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Travelers Indemnity Co	»)		
	Date 08/23/2024	Full name of contributor out-of-state Jenkins, Bob Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$22.78
		Hartford, CT 06183					
	VP Value Str	pation / Job title (See Instructions) ream Lead		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	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 09/20/2024	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 10/03/2024	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)		
	value ou		<u> </u>	Tavolois indominity Co			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 109/258 Rpt: 112/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$22.78
_	Delicalization	Hartford, CT 06183	la la	Facilities (Control to the still and	$\overline{\Gamma}$		
8	VP Value Str	pation / Job title (See Instructions) ream Lead	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Mgmt&Chf RiskOfcr		Travelers Indemnity Co	,		
	Date 07/26/2024	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state Pa 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 08/23/2024	Full name of contributor out-of-state P. Jones, Bruce Contributor address; City; State; Zip Code Hartford, CT 06183	AC (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 CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 110/258 Rpt: 113/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/20/2024	Full name of contributor Jones, Bruce Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Jones, Bruce Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Jones, Bruce Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Kalla, Christine Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$211.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	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: 111/258 Rpt: 114/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/26/2024	 Full name of contributor out-of-star			7	Amount of Contribution (\$)	\$211.54
g	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
	EVP & Gene			Travelers Indemnity Co	•)		
	Date 08/09/2024	Kalla, Christine)		Amount of Contribution (\$)	\$211.54
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	EVP & Gene	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Kalla, Christine)		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	5)		
	Date 09/06/2024	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 09/20/2024	Kalla, Christine				Amount of Contribution (\$)	\$211.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 112/258 Rpt: 115/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$211.54
•	Dringinal accu	St. Paul, MN 55102 pation / Job title (See Instructions)	اما	Employer (See Instructions	·/-		
0	EVP & Gene			Travelers Indemnity Co	·)		
	Date 10/18/2024	Full name of contributor out-of-state PA Kalla, Christine Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$211.54
	Dringinal accu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	EVP & Gene	,		Travelers Indemnity Co	·)		
	Date 07/12/2024	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 07/26/2024	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>l</u> s)		
	Date 08/09/2024	Full name of contributor out-of-state PA Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	AC (ID#:			Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 113/258 Rpt: 116/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183	-		<u></u>		
8		pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor				Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183			L		
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) O Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$80.77
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (I Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	1 ID#:)		Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 114/258 Rpt: 117/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code 	t:)	7	Amount of Contribution (\$)	\$50.00
_	Deireirel	Hartford, CT 06183	٦	Fundament (Construction	<u></u>		
8	VP Product	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code	t:)		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 08/23/2024	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID# Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 115/258 Rpt: 118/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
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8	VP Product	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	_		
	VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	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 07/12/2024	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$211.54
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)		Amount of Contribution (\$)	\$211.54
	Principal occu SVP & Enter	pation / Job title (See Instructions) prise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 116/258 Rpt: 119/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	Keegan, Patrick	e PAC (ID#:		7	Amount of Contribution (\$)	\$211.54
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	.) 		
0	SVP & Enter	' '		Travelers Indemnity Co	·)		
	Date 08/23/2024	Keegan, Patrick				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 09/06/2024	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 09/20/2024	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 10/03/2024	Full name of contributor out-of-stat Keegan, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183	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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	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 117/258 Rpt: 120/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$211.54
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
•	SVP & Enter	prise CUO		Travelers Indemnity Co	·)		
	Date 07/12/2024	Full name of contributor out-of-state PA Kelley, Patricia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$44.62
	Dringing oggu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		Claim Liability		Travelers Indemnity Co	o)		
	Date 07/26/2024	Full name of contributor out-of-state PA Kelley, Patricia Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PA Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$44.62
		pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PA Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$44.62
	·	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Complex		<u> </u>				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 118/258 Rpt: 121/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	 5 Full name of contributor out-of-state F Kelley, Patricia 6 Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$44.62
_	Deinsinal assu	Hartford, CT 06183	- 10	Franks or (Cooks to the street in the	_		
8	•	pation / Job title (See Instructions) Claim Liability	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$44.62
	Delicalization	Hartford, CT 06183	i	Formula con (October American			
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183	-		•	Amount of Contribution (\$)	\$44.62
	•	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	<u>s)</u>		
	Date 07/12/2024	Full name of contributor out-of-state F 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)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 119/258 Rpt: 122/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 Full name of contributor out-of-state PAC (ID#: Kelly, Timothy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$53.85
_	Deinsinal assu	New York City, NY 10017	T ₀	Family on (Cool matrustic no			
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$53.85
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	I	Employer (See Instructions	<u> </u> ;)		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			
	Date 08/23/2024	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 09/06/2024	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 09/20/2024	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)		
	vi / memany		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 120/258 Rpt: 123/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	 Full name of contributor ut-of-state PAC (ID: Kelly, Timothy Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$53.85
_		New York City, NY 10017			L		
8		pation / Job title (See Instructions) ve Invesments	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/18/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$53.85
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	<u> </u>		
	VP Alternative Invesments			Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID: Kennedy, Tara Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID: Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID: Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 121/258 Rpt: 124/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/23/2024	 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
_	Deinsinal assu	Hartford, CT 06183	ام	Franks var (Caa kastu ationa	<u></u>		
8		pation / Job title (See Instructions) ustomer Services	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor				Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	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 10/03/2024	Full name of contributor out-of-state Pa 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> </u> 5)		
	Date 10/18/2024	Full name of contributor out-of-state Pa Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) Istomer Services		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 122/258 Rpt: 125/20	64
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 10/18/2024	 Full name of contributor	,)	7	Amount of Contribution (\$)	\$1,000.00
_		New York City, NY 10017	- 1-		_		
8	•	pation / Job title (See Instructions) Chief Legal Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$307.69
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	•	Personal Insurance		Travelers Indemnity Co	')		
	Date 07/26/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$307.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	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 08/23/2024	Full name of contributor out-of-state PAC Klein, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	,)		Amount of Contribution (\$)	\$76.96
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
		. G. G. G. M. G.	1	The voices indefinity of			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 123/258 Rpt: 126/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state PAC (IE Knudson, Kim Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$28.65
_	Deinsinal assu	Phoenix, AZ 85050	<u> </u>		_		
8	Claim Accou	pation / Job title (See Instructions) Int Executive	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (IE Knudson, Kim Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.65
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Claim Accou			Travelers Indemnity Co	"		
	Date 08/09/2024	Full name of contributor out-of-state PAC (IE Knudson, Kim Contributor address; City; State; Zip Code	D#:)	•	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	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (IE 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>		
	Date 09/06/2024	Full name of contributor out-of-state PAC (IE 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)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 124/258 Rpt: 127/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 5 Full name of contributor out-of-st			7	Amount of Contribution (\$)	\$28.65
_		Phoenix, AZ 85050			L		
8	Claim Accou	pation / Job title (See Instructions) nt Executive	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-st Knudson, Kim Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$28.65
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Claim Accou			Travelers Indemnity Co	P)		
	Date 10/18/2024	Full name of contributor out-of-st Knudson, Kim Contributor address; City; State; Zip Cod	tate 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	s)		
	Date 07/12/2024	Kreuzer, Robert)	•	Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-st Kreuzer, Robert Contributor address; City; State; Zip Cod Hartford, CT 06183	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions) itrol		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to d	complete this forn	n.	1	Total pages Schedule A1: Sch: 125/258 Rpt: 128/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	5 Full name of contributor o	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$126.92
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP Risk Con	itrol		Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor of contributor of contributor contributor address; City; State; Z)		Amount of Contribution (\$)	\$126.92
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Risk Control			Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$126.92
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor of contributor of contributor address; City; State; Zity; State; Zity; State; Zity; CT 06183	ut-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 10/03/2024	Full name of contributor of contributor of contributor address; City; State; Zity; State; Zity; Cross, Cros	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions) htrol		Employer (See Instructions Travelers Indemnity Co)		
			-				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 126/258 Rpt: 129/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$126.92
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	?) 		
	VP Risk Con			Travelers Indemnity Co	"		
	Date 07/12/2024	Full name of contributor out-of-state P Kurtzman, Diane Contributor address; City; State; Zip Code	-		•	Amount of Contribution (\$)	\$20.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ief HR Officer		Travelers Indemnity Co	,,		
	Date 07/26/2024	Full name of contributor out-of-state P 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	s)		
	Date 08/09/2024	Full name of contributor out-of-state P Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state P 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	5)		

	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: 127/258 Rpt: 130/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
	Dringing aggr	New York City, NY 10017	ام	Employer (See Instructions	<u>,,</u>		
8		pation / Job title (See Instructions) ief HR Officer	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$20.00
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	EVP and Chi	ief HR Officer		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor out-of-state PAC (Kurtzman, Diane Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$20.00
		New York City, NY 10017					
		pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (Kurtzman, Diane Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ief HR Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (Landmark, Gregory Contributor address; City; State; Zip Code St. Paul, MN 55102	(ID#:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 128/258 Rpt: 131/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	Landmark, Gregory	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
•	Principal occur	St. Paul, MN 55102	lo.	Employer (See Instructions	·/		
•	SVP Total R	pation / Job title (See Instructions) ewards		Travelers Indemnity Co	·)		
	Date 08/09/2024	Landmark, Gregory Contributor address; City; State; Z				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 08/23/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
	Principal occu SVP Total Ro	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor o candmark, Gregory Contributor address; City; State; Z St. Paul, MN 55102)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total Re	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/20/2024	Full name of contributor o Landmark, Gregory Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu SVP Total R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 129/258 Rpt: 132/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	Full name of contributor Landmark, Gregory	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
•	Dringing! aggr	St. Paul, MN 55102	lo.	Employer (Coo Instructions	<u>, </u>		
8	SVP Total R	pation / Job title (See Instructions) ewards		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Landmark, Gregory Contributor address; City; State;				Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	SVP Total Rewards			Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor Larkin, Courtney Contributor address; City; State;	out-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	s)		
	Date 07/26/2024	Full name of contributor Larkin, Courtney Contributor address; City; State; Hartford, CT 06183				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 08/09/2024	Full name of contributor Larkin, Courtney Contributor address; City; State; Hartford, CT 06183				Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 130/258 Rpt: 133/264	1
	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC	C)	3	Filer ID (Ethics Commission 00087159	ı Filers)
	Date 08/23/2024	5 Full name of contributor Larkin, Courtney6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$86.54
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		9 Employer (See Instructions	 - s)		
	VP Gov't Re Date 09/06/2024	Full name of contributor Larkin, Courtney Contributor address; City; State	out-of-state PAC (ID#:	Travelers Indemnity Co		Amount of Contribution (\$)	\$86.54
	Hartford, CT 06183 Principal occupation / Job title (See Instructions) VP Gov't Relations Employer (See Instructions Travelers Indemnity Co				<u> </u> 5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:) Larkin, Courtney Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Re	Hartford, CT 06183 pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	<u> </u> ;)		
	Date 10/03/2024	Full name of contributor Larkin, Courtney Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/18/2024	Full name of contributor Larkin, Courtney Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 131/258 Rpt: 134/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor Lawrence, Nicole6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Lawrence, Nicole Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	St. Paul, MN 55102 pation / Job title (See Instructions) and		Employer (See Instructions Travelers Indemnity Co	<u>;</u>)		
	Date 08/09/2024	Full name of contributor Lawrence, Nicole Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	(i)		
	Date 08/23/2024	Full name of contributor Lawrence, Nicole Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:	Travelers Indemnity Co		Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/06/2024	Full name of contributor Lawrence, Nicole Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu RVP Northla	pation / Job title (See Instructions) and		Employer (See Instructions Travelers Indemnity Co)		
			<u>'</u>				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 132/258 Rpt: 135/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor Lawrence, Nicole6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		St. Paul, MN 55102					
8	Principal occu RVP Northla	pation / Job title (See Instructions) nd	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Lawrence, Nicole Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	RVP Northla	nd		Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Lawrence, Nicole Contributor address; City; Sta	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	s)		
	Date 07/12/2024	Full name of contributor Lear, Mark Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions) . SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Lear, Mark Contributor address; City; Sta St. Louis, MO 63146	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions) . SI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 133/258 Rpt: 136/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state PAGE Lear, Mark Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$75.00
_		St. Louis, MO 63146			Ĺ		
8	RVP Bond &	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor out-of-state PAG Lear, Mark Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$75.00
	Principal occu	St. Louis, MO 63146 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	RVP Bond &			Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor out-of-state PAG 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 09/20/2024	Full name of contributor out-of-state PAG 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) . SI		Employer (See Instructions Travelers Indemnity Co	-		
	Date 10/03/2024	Full name of contributor out-of-state PAG 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			
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 134/258 Rpt: 137/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	5 Full name of contributor [Lear, Mark] 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
8	Principal occu RVP Bond &			Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor [Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	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 07/26/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$278.85
		Belmont, MA 02478					
		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta Belmont, MA 02478	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$278.85
		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor Lefebvre, Mojgan Contributor address; City; Sta Belmont, MA 02478	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$278.85
		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co	5)		
		<u> </u>		,			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 135/258 Rpt: 138/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor [Lefebvre, Mojgan6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$278.85
		Belmont, MA 02478					
8		pation / Job title (See Instructions) Tech & Ops Officer		Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor [Lefebvre, Mojgan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$182.65
	Principal occu	Belmont, MA 02478 pation / Job title (See Instructions)		Employer (See Instructions	 		
	EVP & Chief	Tech & Ops Officer		Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor [Lego, Raymond Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$40.96
		Centennial, CO 80112					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Lego, Raymond Contributor address; City; Sta Centennial, CO 80112	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	•		
	Date 08/09/2024	Full name of contributor Lego, Raymond Contributor address; City; Sta Centennial, CO 80112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co			
			I	,			

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 136/258 Rpt: 139/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$40.96
8	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)	9	Employer (See Instructions	;) [
Ü	Managing Co	' '		Travelers Indemnity Co	')		
	Date 09/06/2024	Lego, Raymond	PAC (ID#:)		Amount of Contribution (\$)	\$40.96
		Centennial, CO 80112					
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$40.96
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
		ounsel Claim		Travelers Indemnity Co	')		
	Date 10/03/2024	Lego, Raymond	PAC (ID#:			Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) punsel Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/18/2024	Full name of contributor out-of-state Lego, Raymond Contributor address; City; State; Zip Code Centennial, CO 80112				Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	wanaying Co	ounsel Claim		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: 137/258 Rpt: 140/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	 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 07/26/2024	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			<u></u>		
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 08/09/2024	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 08/23/2024	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> s)		
	Date 09/06/2024	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	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 138/258 Rpt: 141/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-state PAC Levine, Mark 6 Contributor address; City; State; Zip Code	C (ID#:		7	Amount of Contribution (\$)	\$15.00
_		Pittsburgh, PA 15219			_		
8	Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Levine, Mark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$15.00
	Deinsinal	Pittsburgh, PA 15219	-	Formula (On a london etimore)			
	Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Levine, Mark Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$15.00
		Pittsburgh, PA 15219					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Lim, Eunjin Contributor address; City; State; Zip Code Glendale, CA 91203)	•	Amount of Contribution (\$)	\$21.54
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Lim, Eunjin Contributor address; City; State; Zip Code Glendale, CA 91203				Amount of Contribution (\$)	\$21.54
	•	pation / Job title (See Instructions) ir Comml Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	aging Di			The state of the s			

	MONET	ARY POLITICAL C	ONTRIBUTION	7	5		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m).	1	Total pages Schedule A1: Sch: 139/258 Rpt: 142/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC))		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Lim, Eunjin6 Contributor address; City; State	out-of-state PAC (ID#: ie; Zip Code			7	Amount of Contribution (\$)	\$21.54
		Glendale, CA 91203						
8		pation / Job title (See Instructions) r Comml Accts	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor [Lim, Eunjin Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.54
	Principal occu	Glendale, CA 91203 pation / Job title (See Instructions)			Employer (See Instructions	 ;)		
	Managing Di	r Comml Accts		-	Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Lim, Eunjin Contributor address; City; Stat	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$21.54
		Glendale, CA 91203						
	•	pation / Job title (See Instructions) r Comml Accts			Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	Full name of contributor Lim, Eunjin Contributor address; City; Stat Glendale, CA 91203	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$21.54
	•	pation / Job title (See Instructions) r Comml Accts			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Lim, Eunjin Contributor address; City; Stat Glendale, CA 91203	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$21.54
	•	pation / Job title (See Instructions)			Employer (See Instructions Travelers Indemnity Co	<u>;</u>		
		3332			,			

	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: 140/258 Rpt: 143/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$21.54
_		Glendale, CA 91203					
8	•	pation / Job title (See Instructions) ir Comml Accts	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 07/12/2024	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 07/26/2024	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 08/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	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)		
	OVI COIPOIR	ac communications		Travelers indefinitly CO			

	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: 141/258 Rpt: 144/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state PAC (ID#: Linehan, Patrick Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$148.08
_		New York City, NY 10017	1_		<u></u>		
8	SVP Corpora	pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/20/2024	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 10/03/2024	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 10/18/2024	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 07/12/2024	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)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 142/258 Rpt: 145/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.77
_	Dringing! aggs	Hartford, CT 06183	_	Employer (Coo Instructions	<u></u>		
8	2VP Affinity	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 08/09/2024	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 08/23/2024	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 09/06/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/20/2024	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)		
				· · · · · ·			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 143/258 Rpt: 146/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	5 Full name of contributor Llompart-Coley, Margarita6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$40.77
	Dringing! goog	Hartford, CT 06183		O Employer (Coa Instructions	_		
8	2VP Affinity	pation / Job title (See Instructions)		9 Employer (See Instructions Travelers Indemnity Co	·)		
	Date 10/18/2024	Full name of contributor Llompart-Coley, Margarita Contributor address; City; Sta	out-of-state PAC (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 07/12/2024	Full name of contributor Loperfido, Dennis Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip 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	i)		
	Date 07/26/2024	Full name of contributor Loperfido, Dennis Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu VP HD of FI	St. Paul, MN 55102 pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Loperfido, Dennis Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP HD of FI			Travelers Indemnity Co	,		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	o complete this forr	m.	1	Total pages Schedule A1: Sch: 144/258 Rpt: 147/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor Loperfido, Dennis6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$75.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
Ĭ	VP HD of FI			Travelers Indemnity Co	,,		
	Date 09/06/2024	Full name of contributor Loperfido, Dennis Contributor address; City; State				Amount of Contribution (\$)	\$75.00
		St. Paul, MN 55102					
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	Full name of contributor Loperfido, Dennis Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		St. Paul, MN 55102					
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/03/2024	Full name of contributor Loperfido, Dennis Contributor address; City; State St. Paul, MN 55102				Amount of Contribution (\$)	\$75.00
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 10/18/2024	Full name of contributor Loperfido, Dennis Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP HD of FI	Kesearcn		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 145/258 Rpt: 148/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	Mannoochahr, Mano	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$57.69
_	Deinainal assu	Hartford, CT 06183	<u> </u>	Franksian (Cookarational	_		
8		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 07/26/2024	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
	<u> </u>	Hartford, CT 06183	1	5 1 (0 1 1 1	_		
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out- Mannoochahr, Mano Contributor address; City; State; Zip	of-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 08/23/2024	Full name of contributor out- Mannoochahr, Mano Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
	·	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/06/2024	Full name of contributor out- Mannoochahr, Mano Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$57.69
	·	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 146/258 Rpt: 149/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
_	Deinainal assu	Hartford, CT 06183	lo.	Franks on (Cooks to the stip on	<u></u>		
8		pation / Job title (See Instructions) ata&Analytics Ofcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of Mannoochahr, Mano Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of Mannoochahr, Mano Contributor address; City; State; Zip C	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	s)		
	Date 07/12/2024	Mariani, Leonard	f-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/26/2024	Full name of contributor out-of Mariani, Leonard Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 147/258 Rpt: 150/264	1
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Mariani, Leonard	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
0	Dringing Loon	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8	SVP Nationa	pation / Job title (See Instructions) al Markets	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor Mariani, Leonard Contributor address; City; State;				Amount of Contribution (\$)	\$38.46
	Dringing! goog	Hartford, CT 06183		Employer (See Instructions	·,		
	SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	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 09/20/2024	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 10/03/2024	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	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 148/258 Rpt: 151/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	Mariani, Leonard	e PAC (ID#:)	7	Amount of Contribution (\$)	\$38.46
Q	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions			
•	SVP Nationa	al Markets		Travelers Indemnity Co	·)		
	Date 07/12/2024	Marino, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.80
	Principal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	2VP Bond & SI		Travelers Indemnity Co				
	Date 07/26/2024	Marino, Mark Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$20.80
	D: : 1	Philadelphia, PA 19102		- '0 ' '	<u></u>		
	2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Marino, Mark				Amount of Contribution (\$)	\$20.80
	Principal occu 2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Marino, Mark	e PAC (ID#:)		Amount of Contribution (\$)	\$20.80
	Principal occu 2VP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1	<u> </u>			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 149/258 Rpt: 152/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	 Full name of contributor out-of-stat out-o			7	Amount of Contribution (\$)	\$20.80
Q	Principal occu	Philadelphia, PA 19102 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
•	2VP Bond &			Travelers Indemnity Co	·)		
	Date 09/20/2024	Marino, Mark			•	Amount of Contribution (\$)	\$20.80
	Dringing aggr	Philadelphia, PA 19102		Employer (Con Instructions	<u></u>		
	2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state Marino, Mark Contributor address; City; State; Zip Code	te PAC (ID#:		•	Amount of Contribution (\$)	\$20.80
		Philadelphia, PA 19102	· · · · · · · · · · · · · · · · · · ·				
	2VP Bond &	pation / Job title (See Instructions) SI		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 10/18/2024	Marino, Mark				Amount of Contribution (\$)	\$20.80
	Principal occu 2VP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 07/12/2024	McBrien, Peter)	•	Amount of Contribution (\$)	\$41.63
	Principal occu VP Circle Le	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	0 0.0			The state of the s			

	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: 150/258 Rpt: 153/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	McBrien, Peter	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$41.63
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo lo	Employer (See Instructions			
0	VP Circle Le			Travelers Indemnity Co	')		
	Date 08/09/2024	Full name of contributor)		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	i)		
	Date 08/23/2024	Full name of contributor	out-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 09/06/2024	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 09/20/2024	Full name of contributor Contributor Contributor address; City; State; August Hartford, CT 06183	out-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)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 151/258 Rpt: 154/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	McBrien, Peter	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$41.63
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lg	Employer (See Instructions) 		
	VP Circle Le			Travelers Indemnity Co	')		
	Date 10/18/2024	Full name of contributor	out-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	s)		
	Date 07/12/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/09/2024	Full name of contributor Contributor Contributor address; City; State; Zontributor, CT 06248	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Somple	a can club open					

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 152/258 Rpt: 155/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$16.66
8	Dringing! goog	Hebron, CT 06248 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0	•	x Clm Liab Spec		Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor	zip Code)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
		pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
		Hebron, CT 06248					
		pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/18/2024	Full name of contributor Commack, Karen Contributor address; City; State; Zontributor, CT 06248	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.66
	•	pation / Job title (See Instructions) x Clm Liab Spec		Employer (See Instructions Travelers Indemnity Co)		
	ZVI Comple	A Onn Liab Opec		Travelers indefinitly CO			

	MONET	ARY POLITICAL C	CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 153/258 Rpt: 156/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor McPadden, Michael	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095						
8		pation / Job title (See Instructions Prod Dev&Strat) 9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor McPadden, Michael Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$39.62
	Principal occu	Windsor, CT 06095 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
		Prod Dev&Strat	,		Travelers Indemnity Co	,		
	Date 08/09/2024	Full name of contributor McPadden, Michael Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095						
	•	pation / Job title (See Instructions Prod Dev&Strat)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/23/2024	Full name of contributor McPadden, Michael Contributor address; City; St Windsor, CT 06095	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$39.62
		pation / Job title (See Instructions Prod Dev&Strat)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor McPadden, Michael Contributor address; City; St Windsor, CT 06095	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.62
	·	pation / Job title (See Instructions Prod Dev&Strat)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 154/258 Rpt: 157/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-sta	ate PAC (ID#:		7	Amount of Contribution (\$)	\$39.62
_	Deinainal assu	Windsor, CT 06095		Frankrian (Can Instructions	<u></u>		
8		pation / Job title (See Instructions) Prod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor out-of-sta McPadden, Michael Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095		5 1 (0 1 1 1	<u></u>		
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state McPadden, Michael Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095					
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	McPhee, Scott				Amount of Contribution (\$)	\$39.62
		pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	McPhee, Scott	ate PAC (ID#:			Amount of Contribution (\$)	\$39.62
	·	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 155/258 Rpt: 158/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 5 Full name of contributor out-of-state McPhee, Scott 6 Contributor address; City; State; Zip Code 	e PAC (ID#:		7	Amount of Contribution (\$)	\$39.62
_	Dringing age	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	McPhee, Scott)	•	Amount of Contribution (\$)	\$39.62
	<u> </u>	Hartford, CT 06183			<u></u>		
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state 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 09/20/2024	McPhee, Scott)	•	Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	McPhee, Scott				Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) Al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 156/258 Rpt: 159/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/18/2024	5 Full name of contributor McPhee, Scott6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
8	Principal occu 2VP Actuaria	pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Melillo, Lisa Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Group Gene	ral Counsel		Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Melillo, Lisa Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Melillo, Lisa Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor Melillo, Lisa Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 157/258 Rpt: 160/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	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	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	(s)		
	Group Gene			Travelers Indemnity Co	,,		
	Date 10/03/2024	Full name of contributor [Melillo, Lisa Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	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 Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Miletti, John Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 158/258 Rpt: 161/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor Miletti, John6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Miletti, John Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
		el Gov't Relations		Travelers Indemnity Co	,		
	Date 08/23/2024	Full name of contributor Miletti, John Contributor address; City; State;	out-of-state PAC (ID#:			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 09/06/2024	Miletti, John	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Miletti, John Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 159/258 Rpt: 162/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state PAC Miletti, John 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$75.00
_	Dringing agg	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) el Gov't Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Miletti, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Deinsinal assu	Hartford, CT 06183		Franks von (Cook both vetic po	<u></u>		
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Miley, Robert Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC 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 08/09/2024	Full name of contributor out-of-state PAC 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)		
	Stoup Gent			Travelers machinity 60			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 160/258 Rpt: 163/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$130.77
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0		Counsel-SRG		Travelers Indemnity Co	»)		
	Date 09/06/2024	Full name of contributor out-of-state PAC of Miley, Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$130.77
	Deinsinal assu	Hartford, CT 06183		Employer (See Instructions	<u></u>		
		Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG Employer (See Instructions) Travelers Indemnity Co		5)			
	Date 09/20/2024			•	Amount of Contribution (\$)	\$130.77	
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC 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 10/18/2024	Full name of contributor out-of-state PAC of 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)		

	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: 161/258 Rpt: 164/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor out-of-state PAC (ID Mills, Timothy 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
8	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	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	s)		
	Date 08/09/2024	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	s)		
	Date 08/23/2024	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	<u> </u> 5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (IEM 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	;)		
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	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: 162/258 Rpt: 165/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-state PAC Mills, Timothy 6 Contributor address; City; State; Zip Code	C (ID#:)	7	Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
8	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Mills, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Mills, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:			Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 163/258 Rpt: 166/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Minoux, Marshall6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
8		pation / Job title (See Instructions) ficer Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/23/2024	Full name of contributor Minoux, Marshall Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$22.60
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Reg'l UW Of	ficer Bond & SI		Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Minoux, Marshall Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
		pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Minoux, Marshall Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Minoux, Marshall Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$22.60
		pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 164/258 Rpt: 167/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor out-of-state PAC (ID#:_Minoux, Marshall Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$22.60
_	Deinsinal assu	Hartford, CT 06183	_	Franks von (Cook both vetic po	<u></u>		
8		pation / Job title (See Instructions) ficer Bond & SI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.96
	Deinsinal assu	Hartford, CT 06183		Franks von (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.96
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$100.96
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$100.96
	•	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	vi i ioducti	manager i i i		Travelers muchinity CO			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 165/258 Rpt: 168/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor Montgomery-Baisden, Elaine6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$100.96
		Hartford, CT 06183					
8	Principal occu VP Product I	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/20/2024	Full name of contributor Montgomery-Baisden, Elaine Contributor address; City; State)	•	Amount of Contribution (\$)	\$100.96
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Montgomery-Baisden, Elaine Contributor address; City; State)		Amount of Contribution (\$)	\$100.96
		Hartford, CT 06183					
	Principal occu VP Product I	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Montgomery-Baisden, Elaine Contributor address; City; State Hartford, CT 06183)		Amount of Contribution (\$)	\$100.96
	Principal occu VP Product I	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Montville, Sandra Contributor address; City; State 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	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: 166/258 Rpt: 169/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comn	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	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 08/23/2024	Full name of contributor out-of-sta Montville, Sandra Contributor address; City; State; Zip Cod	ate 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 09/06/2024	Montville, Sandra Contributor address; City; State; Zip Cod)		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> 5)		
	Date 09/20/2024	Montville, Sandra				Amount of Contribution (\$)	\$20.10
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 167/258 Rpt: 170/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID Montville, Sandra 6 Contributor address; City; State; Zip Code	#:)	7	Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID Montville, Sandra Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.10
		Centennial, CO 80112	_				
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID 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 07/26/2024	Full name of contributor out-of-state PAC (ID 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> </u>		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID 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	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 168/258 Rpt: 171/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor Morgan, Lisa6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/06/2024	Full name of contributor Morgan, Lisa Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	s)		
		onst Energy Marine		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor Morgan, Lisa Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code)	•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Morgan, Lisa Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Morgan, Lisa Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)	•	Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions) onst Energy Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 1.00 00			The state of the s			

	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: 169/258 Rpt: 172/264	1
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	5 Full name of contributor out-of-state Mouthaan, Lisa	te PAC (ID#:)	7	Amount of Contribution (\$)	\$42.88
g	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
0	2VP Data Ma		ľ	Travelers Indemnity Co	·)		
	Date 07/26/2024	Mouthaan, Lisa			•	Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183	· · · · · · · · · · · · · · · · · · ·				
	Principal occup 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state Mouthaan, Lisa Contributor address; City; State; Zip Code	te PAC (ID#:		•	Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/23/2024	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 09/06/2024	Mouthaan, Lisa				Amount of Contribution (\$)	\$42.88
	Principal occu 2VP Data Ma	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI Data Mi	анадолист		Travelers indefinity CO			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 170/258 Rpt: 173/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor [Mouthaan, Lisa6 Contributor address; City; State			7	Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183					
8	Principal occu 2VP Data Ma		9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; State	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$42.88
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	2VP Data Ma	anagement		Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor [Mouthaan, Lisa Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183					
	Principal occu 2VP Data Ma	pation / Job title (See Instructions) anagement		Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Nelson, Eric Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Nelson, Eric Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$70.00
		pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 171/258 Rpt: 174/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$70.00
_	Deinainal accu	Hartford, CT 06183	lo.				
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code				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 09/06/2024	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 09/20/2024	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	<u>I</u> S)		
	Date 10/03/2024	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)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 172/258 Rpt: 175/264	1
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/18/2024	Nelson, Eric	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$70.00
_	Delicalizado a com	Hartford, CT 06183	T _a	Farada a (Carada de Arastica de	<u></u>		
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	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 07/26/2024	Full name of contributor Nestheide, James Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	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) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	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) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 173/258 Rpt: 176/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	5 Full name of contributor Nestheide, James6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Deire sin al access	Cincinnati, OH 45202	- In	Formula and (On a long to ordinate	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	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 10/03/2024	Full name of contributor Nestheide, James Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Cincinnati, OH 45202					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor Nestheide, James Contributor address; City; State Cincinnati, OH 45202	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Olivo, Maria Contributor address; City; State New York City, NY 10017	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$288.46
	•	pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 174/258 Rpt: 177/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$288.46
_	Dringing age	New York City, NY 10017	٦,	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) ev & Pres Int'l	9	Employer (See Instructions TCI Global Services Inc			
	Date 08/09/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$288.46
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	EVP Strat De	ev & Pres Int'l		TCI Global Services Inc			
	Date 08/23/2024	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	_		L		
		pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc	•		
	Date 09/06/2024	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 (\$)	\$96.18
	•	pation / Job title (See Instructions) ev & Pres Int'l		Employer (See Instructions TCI Global Services Inc			
	Date 07/12/2024	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	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 175/258 Rpt: 178/264	ļ
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$43.65
8	Principal occu	Alpharetta, GA 30005 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
_	RVP Claim	saudin, deb une (ede mendene)		Travelers Indemnity Co	,,		
	Date 08/09/2024	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	5)		
	Date 08/23/2024	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	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (IE 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	<u>(</u>		
	Date 09/20/2024	Full name of contributor out-of-state PAC (IED) Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005	D#:)		Amount of Contribution (\$)	\$43.65
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 176/258 Rpt: 179/264	ļ
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-F	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	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
_	Deignaignal	Alpharetta, GA 30005	٦٥	Franksian (Cookaranian			
8	RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Pascale, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$43.65
	Deinsinal	Alpharetta, GA 30005		Fanda and Good backwaith an			
	RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID# Penn, Timothy Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$38.08
		Hartford, CT 06183					
		pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID# Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID# Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
		, •	<u> </u>				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 177/258 Rpt: 180/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/23/2024	 5 Full name of contributor out-of-state F Penn, Timothy 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.08
_	Dringing age	Hartford, CT 06183		Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) y Large Loss	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor out-of-state F Penn, Timothy Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$38.08
	Dein sin al acces	Hartford, CT 06183	1	Foundation (October 1997)			
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor out-of-state F Penn, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.08
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	-		
	Date 10/03/2024	Full name of contributor out-of-state F Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-		•	Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor out-of-state F Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 178/258 Rpt: 181/264	1
2	FILER NAME The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024		of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$31.73
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions			
•	VP Finance			Travelers Indemnity Co	·)		
	Date 07/26/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: 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 08/09/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Porcello, Suzanne Contributor address; City; State; Zip	of-state PAC (ID#:)		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 09/06/2024	Porcello, Suzanne	of-state PAC (ID#:			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 CONTRIBU	ITION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 179/258 Rpt: 182/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC Porcello, Suzanne Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$31.73
_		Hartford, CT 06183	- 1-		_		
8	VP Finance	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Porcello, Suzanne Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Porcello, Suzanne Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	Morristown, NJ 07960 pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 180/258 Rpt: 183/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$37.12
_	<u> </u>	Morristown, NJ 07960	la la	5 1 (0 1 1 1	<u></u>		
8	Sales Directo	pation / Job title (See Instructions) or Select	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC 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 Directo			Travelers Indemnity Co	P)		
	Date 09/06/2024	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$37.12
		Morristown, NJ 07960					
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Sales Directi	or Scient		Travelers indefining Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 181/258 Rpt: 184/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$37.12
_		Morristown, NJ 07960			<u></u>		
8	Sales Directo		9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 07/12/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	SVP Portfolio			Travelers Indemnity Co	•		
	Date 07/26/2024	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	5)		
	Date 08/09/2024	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	5)		
	Date 08/23/2024	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 Mamt		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 182/258 Rpt: 185/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Dringinal accu	St. Paul, MN 55102	ام	Employer (See Instructions	-/- 		
0	SVP Portfolio	pation / Job title (See Instructions) o Mgmt	9	Travelers Indemnity Co	>)		
	Date 09/20/2024	Full name of contributor out-of-state PAC Raarup, Thor Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	z)		
	SVP Portfolio			Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor out-of-state PAC Raarup, Thor Contributor address; City; State; Zip Code	(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 10/18/2024	Full name of contributor out-of-state PAC 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			
	Date 07/12/2024	Full name of contributor out-of-state PAC 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			
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	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 183/258 Rpt: 186/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Ac	tion Committee (T-PAC	;)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 Full name of contributor Rackliffe, Heather Contributor address; City; St. 	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032						
8		pation / Job title (See Instructions tems Consultant	9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 08/09/2024	Full name of contributor Rackliffe, Heather Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$26.73
	Principal occu	Farmington, CT 06032 pation / Job title (See Instructions	, T		Employer (See Instructions	(s)		
		tems Consultant			Travelers Indemnity Co	,,		
	Date 08/23/2024	Full name of contributor Rackliffe, Heather Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032						
		pation / Job title (See Instructions tems Consultant			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Rackliffe, Heather Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.73
		pation / Job title (See Instructions tems Consultant			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor Rackliffe, Heather Contributor address; City; St	out-of-state 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	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 184/258 Rpt: 187/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/03/2024		f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032	1				
8		pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/18/2024	Full name of contributor out-of Rackliffe, Heather Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$26.73
	Deinsinal assu	Farmington, CT 06032		Frankrian (Cook bathurtian	_		
	-	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of Ramalho, Sean Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$122.60
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 07/26/2024	Ramalho, Sean	f-state PAC (ID#:			Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/09/2024	Ramalho, Sean	f-state PAC (ID#:)		Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	()		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 185/258 Rpt: 188/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	ımittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/23/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$122.60
_	Dringing age	Melville, NY 11747	lo.	Employer (Con Instructions	<u></u>		
8	BI Field Vice	pation / Job title (See Instructions) President	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 09/06/2024	Full name of contributor out-of-s Ramalho, Sean Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$122.60
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	BI Field Vice	,		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor out-of-s Ramalho, Sean Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$122.60
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Ramalho, Sean	state PAC (ID#: ode			Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Ramalho, Sean	otate PAC (ID#:)		Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 186/258 Rpt: 189/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	Rawlings, Stacey	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$47.69
•	Dringing Loggy	Lancaster, PA 17601	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor Rawlings, Stacey Contributor address; City; State;				Amount of Contribution (\$)	\$47.69
	Deinsinal assu	Lancaster, PA 17601		Frankriger (Cookington)			
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor Rawlings, Stacey Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601					
		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/23/2024	Full name of contributor Rawlings, Stacey Contributor address; City; State; Lancaster, PA 17601				Amount of Contribution (\$)	\$47.69
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor Rawlings, Stacey Contributor address; City; State; Lancaster, PA 17601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$47.69
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 187/258 Rpt: 190/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$47.69
_	Duinning Langu	Lancaster, PA 17601	lo.	Francisco (Con Instructions			
8	RVP Select	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 10/03/2024	Full name of contributor out-Rawlings, Stacey Contributor address; City; State; Zip				Amount of Contribution (\$)	\$47.69
	Dringing con	Lancaster, PA 17601 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	·	& BI Fld Sls & Dst		Travelers Indemnity Co	·)		
	Date 10/18/2024	Full name of contributor out- Rawlings, Stacey Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601					
		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Reagin, Tammy				Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	Richmond, VA 23233 pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 07/26/2024	Reagin, Tammy				Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 188/258 Rpt: 191/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$24.98
8	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	 i)		
	Date 08/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	I of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	Richmond, VA 23233 pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 09/06/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.98
	•	Richmond, VA 23233 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 09/20/2024	Full name of contributor out-o		Travelers Indemnity Co		Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Reagin, Tammy)		Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 189/258 Rpt: 192/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$24.98
8	Principal occu	Richmond, VA 23233 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Dir Cash Co			Travelers Indemnity Co	"		
	Date 07/12/2024	Full name of contributor out-of-state PAReimer, Raymond Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor out-of-state PAReimer, Raymond Contributor address; City; State; Zip Code	AC (ID#:		•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAReimer, 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>l</u> s)		
	Date 08/23/2024	Full name of contributor out-of-state PAReimer, Raymond Contributor address; City; State; Zip Code Hartford, CT 06183	AC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) Actuary Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	J. a office						

	MONET	ARY POLITICAL C	ONTRIBUTION	N :	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 190/258 Rpt: 193/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	5 Full name of contributor Reimer, Raymond6 Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			7	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183						
8		pation / Job title (See Instructions) Actuary Bond & SI	9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 09/20/2024	Full name of contributor Reimer, Raymond Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)			Employer (See Instructions	<u> </u> ;)		
		Actuary Bond & SI			Travelers Indemnity Co	,		
	Date 10/03/2024	Full name of contributor Reimer, Raymond Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183						
	•	pation / Job title (See Instructions) Actuary Bond & SI			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Reimer, Raymond Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Actuary Bond & SI			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Roen, Erik Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.67
	·	pation / Job title (See Instructions) Business Intel			Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 191/258 Rpt: 194/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor Roen, Erik6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
8		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor [Roen, Erik Contributor address; City; Stat)		Amount of Contribution (\$)	\$45.67
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		Business Intel		Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor Roen, Erik Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Roen, Erik Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$45.67
	•	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor Roen, Erik Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$45.67
	·	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 192/258 Rpt: 195/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	·	e PAC (ID#:)	7	Amount of Contribution (\$)	\$45.67
_	Dringing aggr	Hartford, CT 06183	lo.	Employer (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Roen, Erik	PAC (ID#:			Amount of Contribution (\$)	\$45.67
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		Business Intel		Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor out-of-state Rogers, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Rogers, Timothy	PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 08/09/2024	Full name of contributor out-of-state Rogers, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	,			Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION			SCHEDULE	E A1
	The Instru	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 193/258 Rpt: 196/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	Full name of contributorRogers, TimothyContributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
8		pation / Job title (See Instructions) COO Business Ins	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Rogers, Timothy Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
		COO Business Ins		Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor Rogers, Timothy Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor Rogers, Timothy Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Rogers, Timothy Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) COO Business Ins		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 194/258 Rpt: 197/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/12/2024	·	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$40.77
_	Dringing age	Morristown, NJ 07960	lo.	Employer (Coo Instructions	<u></u>		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	•)		
	Date 07/26/2024	Rohlfing, James				Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960	· · · · · · · · · · · · · · · · · · ·				
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-sta Rohlfing, James Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 09/06/2024	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
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	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: 195/258 Rpt: 198/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	Rohlfing, James	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.77
_	D: : 1	Morristown, NJ 07960	la la	5 1 (0 1 1 1	<u></u>		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$40.77
	Dein sin al acces	Morristown, NJ 07960		Farabasa (On a bantantia	$\overline{\Gamma}$		
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-one Rohlfing, James Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Rowland, David	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-one Rowland, David Contributor address; City; State; Zip of St. Paul, MN 55102	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 196/258 Rpt: 199/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 08/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
_	Dringing! aggs	St. Paul, MN 55102	- 10	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 08/23/2024	Full name of contributor				Amount of Contribution (\$)	\$100.00
	Deinstead	St. Paul, MN 55102		Formula con (October de Austria d	<u></u>		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAI Rowland, David Contributor address; City; State; Zip Code	C (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 09/20/2024	Full name of contributor out-of-state PAI 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	s)		
	Date 10/03/2024	Full name of contributor out-of-state PAI 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)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 197/258 Rpt: 200/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor out-of-state PA Rowland, David Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Dringing aggr	St. Paul, MN 55102	- 10	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PA Ryczek, 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	5)		
	Date 07/26/2024	Full name of contributor out-of-state PA Ryczek, 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	5)		
	Date 08/09/2024	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	<u> </u> 5)		
	Date 08/23/2024	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	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 198/258 Rpt: 201/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	5 Full name of contributor [Ryczek, Ellen6 Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$71.31
		Hartford, CT 06183					
8		pation / Job title (See Instructions) SI Claim Ops	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor [Ryczek, Ellen Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$71.31
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	2VP Bond &	SI Claim Ops		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor [Ryczek, Ellen Contributor address; City; Sta)		Amount of Contribution (\$)	\$71.31
		Hartford, CT 06183					
		pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Ryczek, Ellen Contributor address; City; Star Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$71.31
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Rynda, Scott Contributor address; City; Star St. Paul, MN 55102	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu SVP Corpora	pation / Job title (See Instructions) ate Tax		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 199/258 Rpt: 202/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	- Ia	Employer (See Instructions	z)		
	SVP Corpora			Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	SVP Corpora			Travelers Indemnity Co			
	Date 08/23/2024	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	s)		
	Date 09/06/2024	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	-		
	Date 09/20/2024	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			
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	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: 200/258 Rpt: 203/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
0	Dringing aggr	St. Paul, MN 55102	lo.	Employer (See Instructions	<u></u>		
8	SVP Corpora	pation / Job title (See Instructions) ate Tax	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor uut-of-state PAC Rynda, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	SVP Corpora			Travelers Indemnity Co	-,		
	Date 07/12/2024	Full name of contributor out-of-state PAC Scoll, Matthew Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC 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	5)		
		, con courser claim					

	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: 201/258 Rpt: 204/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor out-of-state PAC (ID: Scoll, Matthew 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.48
_	Deignaignal	Hartford, CT 06183	ام	Frankrije (Cook kostrustions			
8	•	pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor				Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183	_		L		
	•	pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID: Scoll, Matthew Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID: 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	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID: 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	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 202/258 Rpt: 205/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor out-of-sta	ate PAC (ID#:		7	Amount of Contribution (\$)	\$52.88
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8	VP Ent Mark	pation / Job title (See Instructions) eet Research		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 07/26/2024	Scudieri, Jonathan)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183		- 40	<u> </u>		
	VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-sta Scudieri, Jonathan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP Ent Mark	pation / Job title (See Instructions) cet Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Scudieri, Jonathan)		Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions) ret Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-sta Scudieri, Jonathan Contributor address; City; State; Zip Cod Hartford, CT 06183	ate PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	olete this form	m.	1	Total pages Schedule A1: Sch: 203/258 Rpt: 206/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-st Scudieri, Jonathan	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88
_	Deinsinal assu	Hartford, CT 06183	lo lo	Franksian (Caalinatuustiana			
8	VP Ent Mark	pation / Job title (See Instructions) et Research	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Scudieri, Jonathan	tate PAC (ID#:			Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183			<u>_</u>		
	VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-st Scudieri, Jonathan Contributor address; City; State; Zip Cod	tate 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	s)		
	Date 07/12/2024	Seaver, Vincent				Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 07/26/2024	Full name of contributor out-of-st Seaver, Vincent Contributor address; City; State; Zip Cod Hartford, CT 06183	tate PAC (ID#:)		Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	pation / Job title (See Instructions) ns		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	te this for	n.	1	Total pages Schedule A1: Sch: 204/258 Rpt: 207/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 5 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$45.77
•	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/_		
•	VP Operation			Travelers Indemnity Co	·)		
	Date 08/23/2024	Full name of contributor out-of-state F Seaver, Vincent Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.77
	Delicalization	Hartford, CT 06183		Foundation (October 1994)			
	VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state F Seaver, Vincent Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$45.77
		Hartford, CT 06183					
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	Full name of contributor out-of-state F Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$45.77
	Principal occu	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 10/03/2024	Full name of contributor out-of-state F Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 205/258 Rpt: 208/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	5 Full name of contributor ou Seaver, Vincent	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.77
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lg	Employer (See Instructions) 		
	VP Operation			Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor on Seminara, Nicholas Contributor address; City; State; Zi				Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date		ıt-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	07/26/2024	Seminara, Nicholas Contributor address; City; State; Zi	p Code				\$250.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor on Seminara, Nicholas Contributor address; City; State; Zithartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor on Seminara, Nicholas Contributor address; City; State; Zin Hartford, CT 06183	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP & CHIET	Claim Officer		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 206/258 Rpt: 209/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	Seminara, Nicholas	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Hartford, CT 06183	la la	Francisco (Coo Instructions			
8		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor on Seminara, Nicholas Contributor address; City; State; Z				Amount of Contribution (\$)	\$250.00
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (Coo Instructional			
		Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor on Seminara, Nicholas Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$250.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Officer		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor on Shasha, Todd Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$35.38
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor of Shasha, Todd Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.38
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 207/258 Rpt: 210/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$35.38
_	Deinainal accu	Hartford, CT 06183	lo.	Frankrija (Can Instructions			
8		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor				Amount of Contribution (\$)	\$35.38
	Detectional	Hartford, CT 06183		Formula con (October American			
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PA 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 09/20/2024	Full name of contributor out-of-state PA 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 10/03/2024	Full name of contributor out-of-state PA 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)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 208/258 Rpt: 211/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	·PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/18/2024	 5 Full name of contributor out-of-state PAC (III Shasha, Todd 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$35.38
_	Dringing age	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) od Dir PI Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (II Shelton, Martin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$17.31
	<u> </u>	Murfreesboro, TN 37128			<u></u>		
	2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (II Shelton, Martin Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$17.31
		Murfreesboro, TN 37128	_				
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128				Amount of Contribution (\$)	\$17.31
	Principal occu 2VP Nationa	pation / Job title (See Instructions) I Property		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (II Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128				Amount of Contribution (\$)	\$17.31
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 209/258 Rpt: 212/264	1
2	FILER NAME	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 09/06/2024	5 Full name of contributor out-of-state PAC (I Shelton, Martin 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$17.31
_	Delinational	Murfreesboro, TN 37128		Faralassa (Cara Instructions	<u></u>		
8	2VP Nationa	pation / Job title (See Instructions) Il Property	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (I Shelton, Martin Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$17.31
	Principal occu	Murfreesboro, TN 37128 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	2VP Nationa	,		Travelers Indemnity Co	P)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (I Shelton, Martin Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$17.31
		Murfreesboro, TN 37128					
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (I Shelton, Martin Contributor address; City; State; Zip Code Murfreesboro, TN 37128)	•	Amount of Contribution (\$)	\$17.31
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (I Simmons, Robert Contributor address; City; State; Zip Code Spokane, WA 99201	D #:)		Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	vi Duallicas	, comer		Travelers indefinity CO			

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 210/258 Rpt: 213/264	
2	FILER NAME The Traveler	's Companies, Inc. Political Ad	tion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor Simmons, Robert	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201						
8	Principal occu VP Business	pation / Job title (See Instructions Center	9		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/09/2024	Full name of contributor Simmons, Robert Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Dringing! goog	Spokane, WA 99201 pation / Job title (See Instructions	, I		Employer (See Instructions	<u></u>		
	VP Business		,		Travelers Indemnity Co	·)		
	Date 08/23/2024	Full name of contributor Simmons, Robert Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201						
	Principal occu VP Business	pation / Job title (See Instructions Center)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Simmons, Robert Contributor address; City; St Spokane, WA 99201	out-of-state PAC (ID#: ate; 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 09/20/2024	Full name of contributor Simmons, Robert Contributor address; City; St Spokane, WA 99201	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu VP Business	pation / Job title (See Instructions Center)		Employer (See Instructions Travelers Indemnity Co	5)		
	24011000				The state of the s			

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 211/258 Rpt: 214/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	Full name of contributor Simmons, Robert Contributor address; City; State			7	Amount of Contribution (\$)	\$25.00
		Spokane, WA 99201					
8	Principal occu VP Business	pation / Job title (See Instructions) s Center		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 10/18/2024	Full name of contributor Simmons, Robert Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Spokane, WA 99201 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Business			Travelers Indemnity Co	,		
	Date 07/12/2024	Full name of contributor Smith, David Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379	9				
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor Smith, David Contributor address; City; State West Bridgewater, MA 02379	· •)		Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Smith, David Contributor address; City; State West Bridgewater, MA 02379	•			Amount of Contribution (\$)	\$15.00
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS 		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 212/258 Rpt: 215/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-PAC)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379				
8	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/06/2024	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	<u> </u> ;)		
	RVP Claim	,	Travelers Indemnity Co	,		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Smith, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		West Bridgewater, MA 02379				
	Principal occu RVP Claim	pation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	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)		
	Date 10/18/2024	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 CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 213/258 Rpt: 216/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state PAC Smith, Kevin Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$208.33
_	Dringing aggr	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) nnovation Officer	9	Employer (See Instructions TCI Global Services Inc			
	Date 07/26/2024	Full name of contributor out-of-state PAG Smith, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$208.33
	Deinsinal assu	Hartford, CT 06183	-	Franks von (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 08/09/2024	Full name of contributor out-of-state PAC Smith, Kevin Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 08/23/2024	Full name of contributor out-of-state PAG 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 09/06/2024	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)		Employer (See Instructions TCI Global Services Inc			

	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: 214/258 Rpt: 217/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$208.33
_	Detectional	Hartford, CT 06183	la.	Fanda and (Carabanatian	<u></u>		
8		pation / Job title (See Instructions) nnovation Officer	9	Employer (See Instructions TCI Global Services Inc			
	Date 10/03/2024	Full name of contributor				Amount of Contribution (\$)	\$208.33
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	<u></u>		
				TCI Global Services Inc			
	Date 10/18/2024	Full name of contributor				Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183	_		<u> </u>		
		pation / Job title (See Instructions) nnovation Officer		Employer (See Instructions TCI Global Services Inc			
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024				Amount of Contribution (\$)	\$85.10
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#: Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024)		Amount of Contribution (\$)	\$85.10
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 215/258 Rpt: 218/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state PAC (ID#:_Smith, Richard Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$85.10
8	Dringing! goog	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)	۱.	Employer (See Instructions	<u></u>		
0	·	ent-Field Mgmt	9	Travelers Indemnity Co	»)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$85.10
	Deinainal assu	Saint Croix Falls, WI 54024	_	Francis on (Cool matricetic no			
	•	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	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)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024				Amount of Contribution (\$)	\$85.10
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Richard Contributor address; City; State; Zip Code Saint Croix Falls, WI 54024)		Amount of Contribution (\$)	\$85.10
	·	pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	regi i reside		<u> </u>				

	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: 216/258 Rpt: 219/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	ion Committee (T-PAC))	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/18/2024	5 Full name of contributor Smith, Richard	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$85.10
_	Deinsinal assu	Saint Croix Falls, WI 54024		Franks vor (Coo kostrustions	<u></u>		
8	•	pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta			•	Amount of Contribution (\$)	\$35.96
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>-,</u>		
	2VP Account			Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:)	•	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 08/09/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.96
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.96
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 217/258 Rpt: 220/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	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)	9	Employer (See Instructions	 s)		
	2VP Account	ting		Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta)		Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	2VP Accoun	ting		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Sokolowski, Colleen Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		-	Amount of Contribution (\$)	\$35.96
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Fixed Inc	Portfolio Mgr		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 218/258 Rpt: 221/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
8		pation / Job title (See Instructions) Portfolio Mgr	9	Employer (See Instructions Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Stat				Amount of Contribution (\$)	\$50.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
		Portfolio Mgr		Travelers Indemnity Co			
	Date 08/23/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Stat)	•	Amount of Contribution (\$)	\$50.00
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions) Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Stat St. Paul, MN 55102	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	'	pation / Job title (See Instructions) c Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	•		
	Date 09/20/2024	Full name of contributor Spaeth, Thomas Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
				,			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 219/258 Rpt: 222/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state F Spaeth, Thomas 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Delicalization	St. Paul, MN 55102	la la	Fourtheast (Contraction of	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) : Portfolio Mgr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state F Spaeth, Thomas Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Deinsinal assu	St. Paul, MN 55102	<u> </u>	Franksian (Caalinatuustiana	<u></u>		
	•	pation / Job title (See Instructions) : Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state F 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	5)		
	Date 07/26/2024	Full name of contributor out-of-state F 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 08/09/2024	Full name of contributor out-of-state F 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)		Employer (See Instructions Travelers Indemnity Co	5)		
	0 0011		L_				

	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: 220/258 Rpt: 223/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	 5 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Wyomissing, PA 19610	- 1-				
8	VP UW Cons		9	Employer (See Instructions Travelers Indemnity Co			
	Date 09/06/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Wyomissing, PA 19610 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	VP UW Cons			Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor out-of-state PAC (I 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	-		
	Date 10/03/2024	Full name of contributor out-of-state PAC (I 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			
	Date 10/18/2024	Full name of contributor out-of-state PAC (I 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)		Employer (See Instructions Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 221/258 Rpt: 224/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
•	Dringinal occu	Hartford, CT 06183	١٥	Employer (See Instructions	·/-		
0	VP BI Prope	pation / Job title (See Instructions) rty UW		Travelers Indemnity Co	·)		
	Date 07/26/2024	Full name of contributor out- Stepanishen, Kent Contributor address; City; State; Zip				Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183			<u> </u>		
	VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	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	5)		
	Date 08/23/2024	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 09/06/2024	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	5)		
	В. г торо	,					

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 222/258 Rpt: 225/264	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	5 Full name of contributor Stepanishen, Kent6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183						
8	Principal occu VP BI Prope	pation / Job title (See Instructions rty UW	9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 10/03/2024	Full name of contributor Stepanishen, Kent Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	s) I		Employer (See Instructions	<u> </u>		
	VP BI Prope		,		Travelers Indemnity Co	,		
	Date 10/18/2024	Full name of contributor Stepanishen, Kent Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183						
	Principal occu VP BI Prope	pation / Job title (See Instructions rty UW	5)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/12/2024	Full name of contributor Strietelmeier, Michael Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$37.31
	Principal occu VP RMIS	pation / Job title (See Instructions	5)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 07/26/2024	Full name of contributor Strietelmeier, Michael Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$37.31
	Principal occu VP RMIS	pation / Job title (See Instructions	(3)		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 223/258 Rpt: 226/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor out-of-state PAC (ID: Strietelmeier, Michael 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$37.31
0	Dringing con	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8	VP RMIS	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor				Amount of Contribution (\$)	\$39.62
		Morristown, NJ 07960	_		Ĺ		
	UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	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	s)		
	Date 08/09/2024	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 UW Officer N	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 08/23/2024	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 UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 224/258 Rpt: 227/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state PAC Suda, Gerard Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$39.62
_	5	Morristown, NJ 07960	- 1-	5 1 (0 1 1 1	_		
8	UW Officer N	pation / Job title (See Instructions) Nat'l Accts	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC Suda, Gerard Contributor address; City; State; Zip Code	,)		Amount of Contribution (\$)	\$39.62
	Dringing age	Morristown, NJ 07960		Employer (Coo Instructions	<u></u>		
	UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Suda, Gerard Contributor address; City; State; Zip Code	C (ID#:)	•	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	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960)	•	Amount of Contribution (\$)	\$39.62
	Principal occu UW Officer N	pation / Job title (See Instructions) Nat'l Accts		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:)		Amount of Contribution (\$)	\$45.00
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 225/258 Rpt: 228/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 5 Full name of contributor out-of-state I Teitelman, David 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$45.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
Ü	Managing Co			Travelers Indemnity Co	P)		
	Date 08/09/2024	Full name of contributor out-of-state I 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 08/23/2024	Full name of contributor out-of-state I Teitelman, David Contributor address; City; State; Zip Code	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	s)		
	Date 09/06/2024	Full name of contributor out-of-state I 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) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state I Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)	•	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 CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 226/258 Rpt: 229/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	7		
	Managing Co			Travelers Indemnity Co	')		
	Date 10/18/2024	Full name of contributor out-o Teitelman, David Contributor address; City; State; Zip 0				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 07/12/2024	Full name of contributor out-o Tetreault, Michael Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$89.42
		Hartford, CT 06183					
		pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Tetreault, Michael	f-state PAC (ID#:			Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	()		
	Date 08/09/2024	Full name of contributor out-o Tetreault, Michael Contributor address; City; State; Zip C	f-state PAC (ID#:			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		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 227/258 Rpt: 230/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	5 Full name of contributor out Tetreault, Michael	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$89.42
0	Dringing agg	Hartford, CT 06183	lo.	Employer (See Instructions	·,		
8		pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out 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	5)		
	Date 09/20/2024	Full name of contributor out Tetreault, Michael Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$89.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out Tetreault, Michael Contributor address; City; State; Zip Hartford, CT 06183	-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 10/18/2024	Full name of contributor out Tetreault, Michael Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:			Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 228/258 Rpt: 231/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	Toczydlowski, Gregory	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
_	Deire die al. a a co	Hartford, CT 06183	- Io	English (On Instruction			
8		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183		5 1 (0 1 1 1			
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/09/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	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)		
	Date 08/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co)		
			<u> </u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 229/258 Rpt: 232/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	Full name of contributor	tate PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
_		Hartford, CT 06183	1-				
8		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/03/2024	Full name of contributor out-of-si Toczydlowski, Gregory Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-si Toczydlowski, Gregory Contributor address; City; State; Zip Co	tate 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 07/12/2024	Tomlinson, Craig)		Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions) Il Severity		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-si Tomlinson, Craig Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	()		
		- 9					

	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: 230/258 Rpt: 233/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Tomlinson, Craig	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_		Las Vegas, NV 89113	1.		<u> </u>		
8	2VP Nationa			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State				Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Las Vegas, NV 89113		Frankrian (Can Instructions	<u></u>		
	2VP Nationa	pation / Job title (See Instructions) I Severity		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	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 09/20/2024	Full name of contributor Tomlinson, Craig Contributor address; City; State Las Vegas, NV 89113	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu 2VP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/03/2024	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	5)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 231/258 Rpt: 234/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/18/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_		Las Vegas, NV 89113					
8	2VP Nationa			Employer (See Instructions Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor				Amount of Contribution (\$)	\$46.15
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Controlle			Travelers Indemnity Co	,		
	Date 07/26/2024	Full name of contributor Contributor Contributor address; City; State; 2	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 08/09/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/23/2024	Full name of contributor Contributor Contributor address; City; State; 2 Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 232/258 Rpt: 235/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/06/2024	Torsiello, Anthony	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$46.15
•	Dringinal occu	Hartford, CT 06183	lo lo	Employer (See Instructions			
0	VP Controlle	pation / Job title (See Instructions) er		Travelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor				Amount of Contribution (\$)	\$46.15
	D: : 1	Hartford, CT 06183					
	VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor of contributor of contributor address; City; State; Z	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 10/18/2024	Full name of contributor of contributor of contributor and contributor address; City; State; Zity; State; Zity; CT 06183	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor of traver, William Contributor address; City; State; Z Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.15
		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co)		
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	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: 233/258 Rpt: 236/264	ļ.
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/26/2024	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$26.15
8	Dringinal occu	Hartford, CT 06183	ام	Employer (See Instructions	·/-		
0		pation / Job title (See Instructions) ride Product BI BCO	9	Travelers Indemnity Co	·)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code			•	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 08/23/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code	:)		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 09/06/2024	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 09/20/2024	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)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 234/258 Rpt: 237/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state Traver, William 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$26.15
	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions) ide Product BI BCO	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor out-of-state Traver, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.15
	D: : 1	Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/12/2024	Full name of contributor out-of-state Turcotte, Edward Contributor address; City; State; Zip Code	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	s)		
	Date 07/26/2024	Turcotte, Edward	PAC (ID#:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> 5)		
	Date 08/09/2024	Full name of contributor out-of-state Turcotte, Edward Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)	•	Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 235/258 Rpt: 238/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	Turcotte, Edward	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$42.31
_	District	Hartford, CT 06183		Faralana (On a lantantina			
8	2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 09/06/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$42.31
		Hartford, CT 06183	+				
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 09/20/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zip	t-of-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	i)		
	Date 10/03/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zip Hartford, CT 06183	t-of-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>		
	Date 10/18/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
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	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: 236/258 Rpt: 239/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	 Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$93.03
	Dringing Loggy	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) g & Web Ops-PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.03
	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>,,</u>		
	•	g & Web Ops-PI		Travelers Indemnity Co	o)		
	Date 08/09/2024	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 08/23/2024	Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		
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	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: 237/258 Rpt: 240/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC (II Turner, Janis Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$93.03
_	Delicalization	Hartford, CT 06183		Faralaga (Octobration			
8	•	pation / Job title (See Instructions) g & Web Ops-PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (It Turner, Janis Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$93.03
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	•	g & Web Ops-PI		Travelers Indemnity Co	·)		
	Date 10/18/2024	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 07/12/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	Pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (II Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 238/258 Rpt: 241/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$24.81
_		Hartford, CT 06183	- 1-		_		
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 08/23/2024	Full name of contributor out-of-state PAC Ungaro, Michael Contributor address; City; State; Zip Code)		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 09/06/2024	Full name of contributor out-of-state PAC Ungaro, Michael Contributor address; City; State; Zip Code	C (ID#:)		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 09/20/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 10/03/2024	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)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 239/258 Rpt: 242/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	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)		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$105.29
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	-	ent Natl Property		Travelers Indemnity Co)		
	Date 07/26/2024	Full name of contributor	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 08/09/2024	Full name of contributor	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 08/23/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 240/258 Rpt: 243/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Actic	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor Verfurth, Charles6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$105.29
_	Deinsinal assu	Hartford, CT 06183	lo.	Frankrian (Cook bathurtian	_		
8		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 09/20/2024	Full name of contributor Verfurth, Charles Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		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	5)		
	Date 10/03/2024	Full name of contributor Verfurth, Charles Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183					
		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 10/18/2024	Full name of contributor Verfurth, Charles Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 07/12/2024	Full name of contributor Warne, Bradley Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$25.00
	Principal occu 2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	i)		
	2 2 34						

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 241/258 Rpt: 244/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comr	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	5 Full name of contributor out-of-st Warne, Bradley	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	-/- 		
•	2VP Operation			Travelers Indemnity Co	·)		
	Date 08/09/2024	Warne, Bradley Contributor address; City; State; Zip Cod			•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	2VP Operation			Travelers Indemnity Co	,		
	Date 08/23/2024	Full name of contributor out-of-st Warne, Bradley Contributor address; City; State; Zip Cod	tate 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 09/06/2024	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 09/20/2024	Full name of contributor out-of-st Warne, Bradley Contributor address; City; State; Zip Cod Hartford, CT 06183	tate 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 CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 242/258 Rpt: 245/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 10/03/2024	5 Full name of contributor Warne, Bradley6 Contributor address; City; State	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$25.00
0	Dringing Loon	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u></u>		
8	2VP Operation	pation / Job title (See Instructions) ons		Employer (See Instructions Travelers Indemnity Co	•)		
	Date 10/18/2024	Full name of contributor Warne, Bradley Contributor address; City; State)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	2VP Operation	ons		Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Warner, Jaynine Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$20.00
		Wilmington, DE 19803					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Warner, Jaynine Contributor address; City; State Wilmington, DE 19803	out-of-state PAC (ID#:; ; Zip Code			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor Warner, Jaynine Contributor address; City; State Wilmington, DE 19803	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 243/258 Rpt: 246/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/23/2024	Warner, Jaynine	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$20.00
_	Delicalization	Wilmington, DE 19803	la la	Farada a de la charactica de	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor				Amount of Contribution (\$)	\$20.00
	Principal occu	Wilmington, DE 19803 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		ment Relations		Travelers Indemnity Co	·)		
	Date 09/20/2024	Full name of contributor Warner, Jaynine Contributor address; City; State;	out-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 10/03/2024	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/18/2024	Full name of contributor Warner, Jaynine Contributor address; City; State; Wilmington, DE 19803	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	7.VI GOVERN	THE I COLUMNIA		Travelers indefinity CO			

	MONET	ARY POLITICAL C	CONTRIBUTION	\	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 244/258 Rpt: 247/264	
2	FILER NAME The Traveler	s Companies, Inc. Political Ac	tion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 07/12/2024	5 Full name of contributorWelch, Lawrence6 Contributor address; City; State	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183						
8	Principal occu VP UW Com	pation / Job title (See Instructions) m Accts	9		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 07/26/2024	Full name of contributor Welch, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$55.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions	,		Employer (See Instructions	 ;)		
	VP UW Com	m Accts			Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor Welch, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183						
	Principal occu VP UW Com	pation / Job title (See Instructions) m Accts			Employer (See Instructions Travelers Indemnity Co	s)		
	Date 08/23/2024	Full name of contributor Welch, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	pation / Job title (See Instructions) m Accts			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor Welch, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	pation / Job title (See Instructions) m Accts			Employer (See Instructions Travelers Indemnity Co	5)		
			L		·			

	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: 245/258 Rpt: 248/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 09/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$55.00
8		Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID:		Travelers Indemnity Co		Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	Hartford, CT 06183 pation / Job title (See Instructions) nm Accts		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID: Welch, Lawrence Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$55.00
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instructions	 		
	VP UW Com	nm Accts		Travelers Indemnity Co			
	Date 07/12/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$47.50
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 07/26/2024	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	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 246/258 Rpt: 249/264	ļ
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	.C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$47.50
•	Dringinal occu	St. Paul, MN 55102 pation / Job title (See Instructions)	۵	Employer (See Instructions	·/-		
0		& Analytics II	9	Travelers Indemnity Co	·)		
	Date 08/23/2024	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)		Employer (See Instructions	s)		
	Date	& Analytics II Full name of contributor		Travelers Indemnity Co		Amount of Contribution (\$)	
	09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code				yunount of Contaiouach (¢)	\$47.50
		St. Paul, MN 55102					
		pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/20/2024	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
	•	upation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 10/03/2024	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 Actuarial	& Analytics II		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 247/258 Rpt: 250/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	5 Full name of contributor out-o Westermeyer, Christopher	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$47.50
_	Dein sin al acces	St. Paul, MN 55102	- la	Farada a de la charactica de			
8		pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 07/12/2024	Full name of contributor out-o Westrick, Glenn Contributor address; City; State; Zip 0)		Amount of Contribution (\$)	\$138.46
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
		ment Relations		Travelers Indemnity Co	')		
	Date 07/26/2024	Full name of contributor out-o Westrick, Glenn Contributor address; City; State; Zip 0	of-state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 08/09/2024	Westrick, Glenn)		Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Westrick, Glenn	of-state PAC (ID#:			Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co)		
	3 30.0111		1				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 248/258 Rpt: 251/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	5 Full name of contributor [Westrick, Glenn6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183	1.				
8		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co			
	Date 09/20/2024	Full name of contributor [Westrick, Glenn Contributor address; City; Sta)		Amount of Contribution (\$)	\$138.46
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		ment Relations		Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Westrick, Glenn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Westrick, Glenn Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Wilczak, Jason Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$21.15
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co			
		- 0	L				

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 249/258 Rpt: 252/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$21.15
	Dringing aggr	Hartford, CT 06183	lo lo	Employer (See Instructions	<u>''</u>		
8	•	pation / Job title (See Instructions) re Engineer - Mgr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state PA Wilczak, Jason Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state PA Wilczak, Jason Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$21.15
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of-state PA 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>I</u> S)		
	Date 09/20/2024	Full name of contributor out-of-state PA 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)		
	Loui Johna	Engineer mgi		voicio indominity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 250/258 Rpt: 253/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 10/03/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$21.15
_	Deinsinal assu	Hartford, CT 06183			<u></u>		
8	•	pation / Job title (See Instructions) re Engineer - Mgr		Employer (See Instructions Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor uut-of-state PAC Wilczak, Jason Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$21.15
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>,,</u>		
	•	re Engineer - Mgr		Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor out-of-state PAC Woods, Mary Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc			
	Date 07/26/2024	Full name of contributor out-of-state PAC 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 08/09/2024	Full name of contributor out-of-state PAC 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			
	J. Q OINCE			. 5. 5.53a 551 vioc5 iiic			

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 251/258 Rpt: 254/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 08/23/2024	 Full name of contributor out-of-state woods, Mary Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$77.88
_	5	Hartford, CT 06183			<u></u>		
8		pation / Job title (See Instructions) UW Officer BI	9	Employer (See Instructions TCI Global Services Inc			
	Date 09/06/2024	Woods, Mary				Amount of Contribution (\$)	\$77.88
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	•	UW Officer BI		TCI Global Services Inc			
	Date 09/20/2024	Woods, Mary)		Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183					
		pation / Job title (See Instructions) UW Officer BI		Employer (See Instructions TCI Global Services Inc	•		
	Date 10/03/2024	Woods, Mary)	•	Amount of Contribution (\$)	\$77.88
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	Date 10/18/2024	Woods, Mary)	•	Amount of Contribution (\$)	\$77.88
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	OVI & OINCE	5.1. Sillosi Bi		. S. Global dervices inc			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 252/258 Rpt: 255/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 07/12/2024	Woodward, Joan	state PAC (ID#: ode		7	Amount of Contribution (\$)	\$173.08
_	Deinainal agai	Washington, DC 20005	lo lo	Francisco (Con Instructions	<u></u>		
8		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Woodward, Joan Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$173.08
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	EVP PublicP	Plcy & Pres TRVInst		Travelers Indemnity Co			
	Date 08/09/2024	Full name of contributor out-of- Woodward, Joan Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Woodward, Joan	state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
	•	pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/06/2024	Full name of contributor out-of- Woodward, Joan Contributor address; City; State; Zip C Washington, DC 20005	state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	EVI F UDIICP	toy & FICS TIVEIISE		Travelers indefinitly CO			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 253/258 Rpt: 256/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/20/2024	5 Full name of contributor Woodward, Joan6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
8		pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co			
	Date 10/03/2024	Full name of contributor Woodward, Joan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$173.08
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		Plcy & Pres TRVInst		Travelers Indemnity Co			
	Date 10/18/2024	Full name of contributor Woodward, Joan Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co			
	Date 07/12/2024	Full name of contributor Wucherpfennig, James Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 07/26/2024	Full name of contributor Wucherpfennig, James Contributor address; City; Sta	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			

	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: 254/258 Rpt: 257/264	ļ
2	FILER NAME The Traveler	s Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 08/09/2024	5 Full name of contributor Wucherpfennig, James	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
	Dringing agou	Hartford, CT 06183	lo lo	Employer (See Instructions			
8	VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 08/23/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occup VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/06/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 09/20/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 10/03/2024	Full name of contributor Wucherpfennig, James Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	· · · · · · · · · · · · · · · · · · ·						

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 255/258 Rpt: 258/26	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 10/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	رد آ		
	VP Property	pation / vob title (eee motidetions)		Travelers Indemnity Co	,,		
	Date 07/12/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$211.54
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	I	Employer (See Instructions	<u> </u>		
		ef Investment Offcr		Travelers Indemnity Co	,		
	Date 07/26/2024	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	5)		
	Date 08/09/2024	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	s)		
	Date 08/23/2024	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)		
	EVF CU-CIII	er mivesument Onci		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	orı	m.	1	Total pages Schedule A1: Sch: 256/258 Rpt: 259/264	4
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state PAC (ID#: Yin, Daniel Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$211.54
_	Data disal sa sa	New York City, NY 10017	1_	Fundamental Control of the Control o	<u></u>		
8		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$211.54
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u> ;)		
		ef Investment Offcr		Travelers Indemnity Co	,		
	Date 10/03/2024	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	5)		
	Date 10/18/2024	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 07/12/2024	Full name of contributor out-of-state PAC (ID#: Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$38.46
		pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	- SVI I TOUUCI	- Management i	<u> </u>	Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 257/258 Rpt: 260/264	1
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 07/26/2024	 Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$38.46
_	Duinning Langu	Hartford, CT 06183	- 10	Frankrija (Can Instructions			
8		pation / Job title (See Instructions) t Management PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/09/2024	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 08/23/2024	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 09/06/2024	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 09/20/2024	Full name of contributor out-of-state P Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$38.46
	·	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		

MO	IETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 258/258 Rpt: 261/264
2 FILER	IAME avelers Companies, Inc. Political Action Committee (T-PAC)	3 Filer ID (Ethics Commission Filers) 00087159
4 Date 10/03	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$38.46
<u> </u>	Hartford, CT 06183	
	I occupation / Job title (See Instructions) 9	
Date 10/18	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$38.46
	Hartford, CT 06183	
	I occupation / Job title (See Instructions) Employer (See roduct Management PI Travelers Inde	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Gift/Awards/Memorials Expense Printing Expense Travel Out of District Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee 00087159
5 Payee name
Texans for Stan
7 Payee address; City; State; Zip Code
P.O. Box 3752
1.0.20.0.02
Abilene, TX 79604
(a) Category (See Categories listed at the top of this schedule) (b) Description
Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
Candidate/Officeholder/Political Committee
To Support General 2024 State House 71 TX
Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 263/264 2 FILER NAME Filer ID (Ethics Commission Filers) The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 8 Amount (\$) Date 5 Name of person from whom amount is received 10/16/2024 Jeff Leach for State House \$2,500.00 6 Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086 Purpose for which amount is received Check if political contribution returned to filer Voided: Original check dated 01/04/24 Amount (\$) Date Name of person from whom amount is received 10/07/2024 Texans for Stan \$1,000.00 Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79604 Purpose for which amount is received Check if political contribution returned to filer Voided: Original check dated 01/04/24

	Sch: 1/1 Rpt: 264/
FILER NAME	Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee (T-PAC)	00087159
Schedule	
Cover Sheet	
Information entered by filer as a memo:	
is balance may include other transactions not required to be reported per Ethic sbursements during the reporting period total \$152,500.00.	s Advisory Opinion #208. Non-Texas and Feder
220.00.110 uug u.o 10po ug ponou total 4_0_,000.00.	