

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087159	2 Total pages filed: 264
3 COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lindsay NICKNAME LAST SUFFIX Frank		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (860) 277-9543		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 10/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>13 Filer ID</b> (Ethics Commission Filers) 00087159
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule F  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 4,781.96
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 87,061.60
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 157,083.02
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Ms. Lindsay Frank

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 264

<b>17 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>18 Filer ID</b> (Ethics Commission Filers) 00087159
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 87,061.60
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,500.00

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/258 Rpt: 4/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$87.98
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/258 Rpt: 5/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$87.98
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/258 Rpt: 6/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel - International		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Group General Counsel - International		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/258 Rpt: 7/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Kamal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel - International		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/258 Rpt: 8/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Columbus, WI 53925	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/258 Rpt: 9/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/258 Rpt: 10/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/258 Rpt: 11/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	<b>7</b> Amount of Contribution (\$)  \$70.96
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/258 Rpt: 12/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.23
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Financial Analysis		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/258 Rpt: 13/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.23
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Financial Analysis		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/258 Rpt: 14/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/258 Rpt: 15/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balady, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/258 Rpt: 16/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/258 Rpt: 17/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westerly, RI 02891	<b>7</b> Amount of Contribution (\$)  \$167.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Reinsurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/258 Rpt: 18/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westerly, RI 02891	<b>7</b> Amount of Contribution (\$)  \$167.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Reinsurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/258 Rpt: 19/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael <b>6</b> Contributor address; City; State; Zip Code Buffalo, NY 14202	<b>7</b> Amount of Contribution (\$) \$42.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	Amount of Contribution (\$) \$42.31
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/258 Rpt: 20/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besette, Andy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$269.23
<b>8</b> Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besette, Andy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$269.23
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besette, Andy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$269.23
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besette, Andy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$269.23
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besette, Andy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$269.23
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/258 Rpt: 21/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessette, Andy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.86
<b>8</b> Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/258 Rpt: 22/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobeng, Gregory <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$140.38
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/258 Rpt: 23/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Urana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$70.19
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/258 Rpt: 24/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$66.35
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/258 Rpt: 25/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.81
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/258 Rpt: 26/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.81
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.81
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/258 Rpt: 27/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$60.87
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.87
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/258 Rpt: 28/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06120	<b>7</b> Amount of Contribution (\$)  \$47.12
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/258 Rpt: 29/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06120	<b>7</b> Amount of Contribution (\$)  \$47.12
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/258 Rpt: 30/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/258 Rpt: 31/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coltea, Claudiu <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <hr/> Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/258 Rpt: 32/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James <b>6</b> Contributor address; City; State; Zip Code  Lees Summit, MO 64081	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, James Contributor address; City; State; Zip Code  Lees Summit, MO 64081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) UW Officer Select		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/258 Rpt: 33/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/258 Rpt: 34/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/258 Rpt: 35/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/258 Rpt: 36/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$48.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/258 Rpt: 37/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$48.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/258 Rpt: 38/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$82.21
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/258 Rpt: 39/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitte, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$82.21
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/258 Rpt: 40/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.19
<b>8</b> Principal occupation / Job title (See Instructions) Executive Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/258 Rpt: 41/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$29.33
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/258 Rpt: 42/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$29.33
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/258 Rpt: 43/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Karen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Agent & Field Solutions-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/258 Rpt: 44/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/258 Rpt: 45/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/258 Rpt: 46/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/258 Rpt: 47/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/258 Rpt: 48/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forshey, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Field Mgmt Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/258 Rpt: 49/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$16.25
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/258 Rpt: 50/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$16.25
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Lindsay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$16.25
Principal occupation / Job title (See Instructions) Mgr Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/258 Rpt: 51/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$118.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/258 Rpt: 52/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/258 Rpt: 53/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/258 Rpt: 54/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/258 Rpt: 55/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/258 Rpt: 56/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$53.85
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/258 Rpt: 57/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.56
<b>8</b> Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/258 Rpt: 58/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.56
<b>8</b> Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/258 Rpt: 59/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.16
<b>8</b> Principal occupation / Job title (See Instructions) VP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.16
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/258 Rpt: 60/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/258 Rpt: 61/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstman, Anne <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Dir Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/258 Rpt: 62/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Subrogation		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VP Subrogation		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/258 Rpt: 63/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervino, Elena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Subrogation		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/258 Rpt: 64/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$86.54
<b>8</b> Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/258 Rpt: 65/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$148.08
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/258 Rpt: 66/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$148.08
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/258 Rpt: 67/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Investor Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/258 Rpt: 68/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) VP CSS Product & Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/258 Rpt: 69/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) VP CSS Product & Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorecki, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP CSS Product & Services		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/258 Rpt: 70/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$)  \$49.42
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/258 Rpt: 71/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffard, Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$)  \$49.42
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/258 Rpt: 72/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brookfield, WI 53005	<b>7</b> Amount of Contribution (\$)  \$31.92
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/258 Rpt: 73/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$16.01
<b>8</b> Principal occupation / Job title (See Instructions) Director Claim Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/258 Rpt: 74/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$16.01
<b>8</b> Principal occupation / Job title (See Instructions) Director Claim Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Travis Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$16.01
Principal occupation / Job title (See Instructions) Director Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/258 Rpt: 75/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$89.42
<b>8</b> Principal occupation / Job title (See Instructions) National Accounts VP		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Scott Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/258 Rpt: 76/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$16.83
<b>8</b> Principal occupation / Job title (See Instructions) Underwriting Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/258 Rpt: 77/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$16.83
<b>8</b> Principal occupation / Job title (See Instructions) Underwriting Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankinson, Allen <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$16.83
Principal occupation / Job title (See Instructions) Underwriting Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/258 Rpt: 78/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.58
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/258 Rpt: 79/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.58
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/258 Rpt: 80/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Lead Learning Facilitator		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/258 Rpt: 81/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$17.12
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/258 Rpt: 82/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$17.12
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$17.12
Principal occupation / Job title (See Instructions) 2VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/258 Rpt: 83/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.92
<b>8</b> Principal occupation / Job title (See Instructions) Director Data Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/258 Rpt: 84/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$38.25
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/258 Rpt: 85/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$38.25
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Charles <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$38.25
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/258 Rpt: 86/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$23.32
<b>8</b> Principal occupation / Job title (See Instructions) VP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/258 Rpt: 87/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hentnick, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$23.32
<b>8</b> Principal occupation / Job title (See Instructions) VP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/258 Rpt: 88/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$76.92
<b>8</b> Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/258 Rpt: 89/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$95.19
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/258 Rpt: 90/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$95.19
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Kristin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$95.19
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/258 Rpt: 91/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$288.46
<b>8</b> Principal occupation / Job title (See Instructions) Vice Chairman		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, William <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$96.18
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/258 Rpt: 92/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$221.15
<b>8</b> Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$221.15
Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/258 Rpt: 93/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$60.58
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/258 Rpt: 94/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$60.58
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/258 Rpt: 95/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/258 Rpt: 96/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/258 Rpt: 97/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60601	<b>7</b> Amount of Contribution (\$)  \$38.06
<b>8</b> Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, George <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$38.06
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/258 Rpt: 98/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$21.04
<b>8</b> Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/258 Rpt: 99/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$21.04
<b>8</b> Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alexander Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.04
Principal occupation / Job title (See Instructions) 2VP & Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/258 Rpt: 100/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, William <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/258 Rpt: 101/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/258 Rpt: 102/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Marchelle Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/258 Rpt: 103/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28226	<b>7</b> Amount of Contribution (\$)  \$55.77
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$55.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/258 Rpt: 104/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28226	<b>7</b> Amount of Contribution (\$)  \$55.77
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/258 Rpt: 105/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/258 Rpt: 106/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melville, NY 11747	<b>7</b> Amount of Contribution (\$)  \$27.31
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/258 Rpt: 107/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy <b>6</b> Contributor address; City; State; Zip Code  Melville, NY 11747	<b>7</b> Amount of Contribution (\$)  \$27.31
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibuzor, Aloy Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$27.31
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/258 Rpt: 108/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Casselberry, FL 32707	<b>7</b> Amount of Contribution (\$)  \$14.62
<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingham, Janis <hr/> Contributor address; City; State; Zip Code  Casselberry, FL 32707	Amount of Contribution (\$)  \$14.62
Principal occupation / Job title (See Instructions) Sr Dir Business Process Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/258 Rpt: 109/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/258 Rpt: 110/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagielski, Joseph <hr/> Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Managing Counsel Prod Line Ld		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/258 Rpt: 111/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) \$22.78
<b>8</b> Principal occupation / Job title (See Instructions) VP Value Stream Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$22.78
Principal occupation / Job title (See Instructions) VP Value Stream Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/258 Rpt: 112/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bob <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$22.78
<b>8</b> Principal occupation / Job title (See Instructions) VP Value Stream Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/258 Rpt: 113/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) EVPent Risk Mgmt&Chf RiskOfcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPent Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPent Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVPent Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/258 Rpt: 114/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) EVP & General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/258 Rpt: 115/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) EVP & General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/258 Rpt: 116/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$80.77
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/258 Rpt: 117/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Product		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/258 Rpt: 118/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Product		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/258 Rpt: 119/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/258 Rpt: 120/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/258 Rpt: 121/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.62
<b>8</b> Principal occupation / Job title (See Instructions) VP Complex Claim Liability		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/258 Rpt: 122/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <b>6</b> Contributor address; City; State; Zip Code New York City, NY 10017	<b>7</b> Amount of Contribution (\$) \$53.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Alternative Invesments		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/258 Rpt: 123/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy <b>6</b> Contributor address; City; State; Zip Code New York City, NY 10017	<b>7</b> Amount of Contribution (\$) \$53.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Alternative Invesments		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Timothy Contributor address; City; State; Zip Code New York City, NY 10017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/258 Rpt: 124/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$70.67
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Customer Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/258 Rpt: 125/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kess, Avrohom <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$307.69
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.96
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/258 Rpt: 126/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	<b>7</b> Amount of Contribution (\$)  \$28.65
<b>8</b> Principal occupation / Job title (See Instructions) Claim Account Executive		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/258 Rpt: 127/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	<b>7</b> Amount of Contribution (\$)  \$28.65
<b>8</b> Principal occupation / Job title (See Instructions) Claim Account Executive		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/258 Rpt: 128/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$126.92
<b>8</b> Principal occupation / Job title (See Instructions) VP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/258 Rpt: 129/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreuzer, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$126.92
<b>8</b> Principal occupation / Job title (See Instructions) VP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/258 Rpt: 130/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtzman, Diane <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/258 Rpt: 131/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Total Rewards		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/258 Rpt: 132/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Total Rewards		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landmark, Gregory <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Total Rewards		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/258 Rpt: 133/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$86.54
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/258 Rpt: 134/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Northland		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/258 Rpt: 135/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Northland		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Nicole <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RVP Northland		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/258 Rpt: 136/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Louis, MO 63146	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/258 Rpt: 137/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lear, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Louis, MO 63146	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/258 Rpt: 138/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Belmont, MA 02478	<b>7</b> Amount of Contribution (\$)  \$278.85
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$182.65
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/258 Rpt: 139/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$40.96
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/258 Rpt: 140/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/258 Rpt: 141/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Mark <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15219	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/258 Rpt: 142/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glendale, CA 91203	<b>7</b> Amount of Contribution (\$)  \$21.54
<b>8</b> Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <hr/> Contributor address; City; State; Zip Code  Glendale, CA 91203	Amount of Contribution (\$)  \$21.54
Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/258 Rpt: 143/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Eunjin <b>6</b> Contributor address; City; State; Zip Code  Glendale, CA 91203	<b>7</b> Amount of Contribution (\$)  \$21.54
<b>8</b> Principal occupation / Job title (See Instructions) Managing Dir Comm'l Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/258 Rpt: 144/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$148.08
<b>8</b> Principal occupation / Job title (See Instructions) SVP Corporate Communications		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/258 Rpt: 145/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/258 Rpt: 146/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompart-Coley, Margarita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llompart-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/258 Rpt: 147/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP HD of FI Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/258 Rpt: 148/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$57.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/258 Rpt: 149/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$57.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/258 Rpt: 150/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP National Markets		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/258 Rpt: 151/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Leonard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP National Markets		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/258 Rpt: 152/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark <b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19102	<b>7</b> Amount of Contribution (\$)  \$20.80
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Mark Contributor address; City; State; Zip Code  Philadelphia, PA 19102	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) 2VP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/258 Rpt: 153/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$41.63
<b>8</b> Principal occupation / Job title (See Instructions) VP Circle Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/258 Rpt: 154/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$41.63
<b>8</b> Principal occupation / Job title (See Instructions) VP Circle Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/258 Rpt: 155/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hebron, CT 06248	<b>7</b> Amount of Contribution (\$)  \$16.66
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Karen <hr/> Contributor address; City; State; Zip Code  Hebron, CT 06248	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) 2VP Complex Clm Liab Spec		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 153/258 Rpt: 156/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Windsor, CT 06095	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/258 Rpt: 157/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Windsor, CT 06095	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 155/258 Rpt: 158/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 156/258 Rpt: 159/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhee, Scott <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 157/258 Rpt: 160/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 158/258 Rpt: 161/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 159/258 Rpt: 162/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 160/258 Rpt: 163/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$130.77
<b>8</b> Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 161/258 Rpt: 164/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$61.15
<b>8</b> Principal occupation / Job title (See Instructions) RVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 162/258 Rpt: 165/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$61.15
<b>8</b> Principal occupation / Job title (See Instructions) RVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 163/258 Rpt: 166/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$22.60
<b>8</b> Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$22.60
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 164/258 Rpt: 167/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minoux, Marshall <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$22.60
<b>8</b> Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 165/258 Rpt: 168/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.96
<b>8</b> Principal occupation / Job title (See Instructions) VP Product Manager I-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery-Baisden, Elaine <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 166/258 Rpt: 169/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$20.10
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 167/258 Rpt: 170/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$20.10
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montville, Sandra <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$20.10
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 168/258 Rpt: 171/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 169/258 Rpt: 172/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.88
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Data Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 170/258 Rpt: 173/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.88
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Data Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 171/258 Rpt: 174/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 172/258 Rpt: 175/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 173/258 Rpt: 176/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestheide, James <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 174/258 Rpt: 177/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$288.46
<b>8</b> Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Maria <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$96.18
Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		Employer (See Instructions) TCI Global Services Inc
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 175/258 Rpt: 178/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	<b>7</b> Amount of Contribution (\$)  \$43.65
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 176/258 Rpt: 179/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	<b>7</b> Amount of Contribution (\$)  \$43.65
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 177/258 Rpt: 180/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.08
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Property Large Loss		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 178/258 Rpt: 181/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$31.73
<b>8</b> Principal occupation / Job title (See Instructions) VP Finance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 179/258 Rpt: 182/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$31.73
<b>8</b> Principal occupation / Job title (See Instructions) VP Finance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 180/258 Rpt: 183/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$37.12
<b>8</b> Principal occupation / Job title (See Instructions) Sales Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 181/258 Rpt: 184/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$37.12
<b>8</b> Principal occupation / Job title (See Instructions) Sales Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 182/258 Rpt: 185/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raarup, Thor <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 183/258 Rpt: 186/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Farmington, CT 06032	<b>7</b> Amount of Contribution (\$)  \$26.73
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 184/258 Rpt: 187/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Farmington, CT 06032	<b>7</b> Amount of Contribution (\$)  \$26.73
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackliffe, Heather <hr/> Contributor address; City; State; Zip Code  Farmington, CT 06032	Amount of Contribution (\$)  \$26.73
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 185/258 Rpt: 188/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean <b>6</b> Contributor address; City; State; Zip Code  Melville, NY 11747	<b>7</b> Amount of Contribution (\$)  \$122.60
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramalho, Sean Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 186/258 Rpt: 189/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17601	<b>7</b> Amount of Contribution (\$)  \$47.69
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 187/258 Rpt: 190/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17601	<b>7</b> Amount of Contribution (\$)  \$47.69
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 188/258 Rpt: 191/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23233	<b>7</b> Amount of Contribution (\$)  \$24.98
<b>8</b> Principal occupation / Job title (See Instructions) Dir Cash Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 189/258 Rpt: 192/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Tammy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23233	<b>7</b> Amount of Contribution (\$) \$24.98
<b>8</b> Principal occupation / Job title (See Instructions) Dir Cash Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 190/258 Rpt: 193/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 191/258 Rpt: 194/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.67
<b>8</b> Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 192/258 Rpt: 195/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.67
<b>8</b> Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 193/258 Rpt: 196/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP CFO & COO Business Ins		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 194/258 Rpt: 197/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 195/258 Rpt: 198/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 196/258 Rpt: 199/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 197/258 Rpt: 200/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 198/258 Rpt: 201/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$71.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 199/258 Rpt: 202/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Corporate Tax		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 200/258 Rpt: 203/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Corporate Tax		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynda, Scott <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) SVP Corporate Tax		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 201/258 Rpt: 204/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.48
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 202/258 Rpt: 205/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) VP Ent Market Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 203/258 Rpt: 206/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) VP Ent Market Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 204/258 Rpt: 207/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.77
<b>8</b> Principal occupation / Job title (See Instructions) VP Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 205/258 Rpt: 208/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaver, Vincent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.77
<b>8</b> Principal occupation / Job title (See Instructions) VP Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 206/258 Rpt: 209/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 207/258 Rpt: 210/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.38
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 208/258 Rpt: 211/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shasha, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.38
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 209/258 Rpt: 212/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	<b>7</b> Amount of Contribution (\$)  \$17.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Martin <hr/> Contributor address; City; State; Zip Code  Murfreesboro, TN 37128	Amount of Contribution (\$)  \$17.31
Principal occupation / Job title (See Instructions) 2VP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 210/258 Rpt: 213/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spokane, WA 99201	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Center		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 211/258 Rpt: 214/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spokane, WA 99201	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Center		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 212/258 Rpt: 215/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code  West Bridgewater, MA 02379	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 213/258 Rpt: 216/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 214/258 Rpt: 217/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 215/258 Rpt: 218/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <b>6</b> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	<b>7</b> Amount of Contribution (\$)  \$85.10
<b>8</b> Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 216/258 Rpt: 219/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	<b>7</b> Amount of Contribution (\$)  \$85.10
<b>8</b> Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 217/258 Rpt: 220/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.96
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Accounting		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 218/258 Rpt: 221/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 219/258 Rpt: 222/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 220/258 Rpt: 223/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) VP UW Construction		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Marie <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP UW Construction		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 221/258 Rpt: 224/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Property UW		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 222/258 Rpt: 225/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Property UW		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$37.31
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$37.31
Principal occupation / Job title (See Instructions) VP RMIS		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 223/258 Rpt: 226/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strietelmeier, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$37.31
<b>8</b> Principal occupation / Job title (See Instructions) VP RMIS		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 224/258 Rpt: 227/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 225/258 Rpt: 228/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 226/258 Rpt: 229/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 227/258 Rpt: 230/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$89.42
<b>8</b> Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetreault, Michael Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 228/258 Rpt: 231/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 229/258 Rpt: 232/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 230/258 Rpt: 233/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP National Severity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 2VP National Severity		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 231/258 Rpt: 234/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Craig <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP National Severity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 232/258 Rpt: 235/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) VP Controller		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 233/258 Rpt: 236/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$26.15
<b>8</b> Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 234/258 Rpt: 237/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$26.15
<b>8</b> Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$26.15
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 235/258 Rpt: 238/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP UW BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 236/258 Rpt: 239/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$93.03
<b>8</b> Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 237/258 Rpt: 240/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$93.03
<b>8</b> Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 238/258 Rpt: 241/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$24.81
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 239/258 Rpt: 242/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungaro, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$24.81
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 240/258 Rpt: 243/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$105.29
<b>8</b> Principal occupation / Job title (See Instructions) SVP President Natl Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 241/258 Rpt: 244/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 242/258 Rpt: 245/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warne, Bradley <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) 2VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 243/258 Rpt: 246/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine <b>6</b> Contributor address; City; State; Zip Code  Wilmington, DE 19803	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jaynine Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 244/258 Rpt: 247/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) VP UW Comm Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 245/258 Rpt: 248/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) VP UW Comm Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 246/258 Rpt: 249/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$47.50
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 247/258 Rpt: 250/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westermeyer, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$47.50
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 248/258 Rpt: 251/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$138.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 249/258 Rpt: 252/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$21.15
<b>8</b> Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 250/258 Rpt: 253/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$21.15
<b>8</b> Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilczak, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) Lead Software Engineer - Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 251/258 Rpt: 254/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$77.88
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 252/258 Rpt: 255/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$173.08
<b>8</b> Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 253/258 Rpt: 256/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$173.08
<b>8</b> Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPlcy & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 254/258 Rpt: 257/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 255/258 Rpt: 258/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wucherpennig, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 256/258 Rpt: 259/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 257/258 Rpt: 260/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Product Management PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 258/258 Rpt: 261/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Product Management PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 262/264	2 FILER NAME The Travelers Companies, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00087159
4 Date 10/07/2024	5 Payee name Texans for Stan	
6 Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 3752  Abilene, TX 79604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support General 2024 State House 71 TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 263/264
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 10/16/2024	<b>5</b> Name of person from whom amount is received Jeff Leach for State House	<b>8</b> Amount (\$) \$2,500.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Plano, TX 75086	
	<b>7</b> Purpose for which amount is received Voided: Original check dated 01/04/24	
Date 10/07/2024	Name of person from whom amount is received Texans for Stan	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code  Abilene, TX 79604	
	Purpose for which amount is received Voided: Original check dated 01/04/24	

# TEXT ANNOTATION

Sch: 1/1 Rpt: 264/264

FILER NAME

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

Filer ID (Ethics Commission Filers)

00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$152,500.00.