FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087159 3 COMMITTEE NAME **OFFICE USE ONLY** The Travelers Companies, Inc. Political Action Committee (T-PAC) Date Received **ELECTRONICALLY FILED** 01/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** One Tower Square Date Hand-delivered or Date Postmarked Change of Address Hartford, CT 06183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lindsay NAME NICKNAME LAST **SUFFIX** Frank STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** One Tower Square STREET **ADDRESS** (Residence or Business) Hartford, CT 06183 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** One Tower Square MAILING **ADDRESS** Hartford, CT 06183 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (860) 277-9543 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
The Travelers Compa	anies, Inc. Political Action	n Committee (T-PAC)	00087159	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule	F	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	8,312.80
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	70,650.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	181,066.48
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Lind	say Frank	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tl	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 138	3
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)	
The Trav	elers Companies, Inc. Political Action Committee (T-PAC)	00087159	,	
l	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 69,458	.46
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	\$			
5.	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$ 1,192	2.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 30,000).00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/131 Rpt: 4/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 11/01/2024	5 Full name of contributor Abrahms, Nathaniel	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$87.98
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	:) 		
0	VP BI Opera			Travelers Indemnity Co)		
	Date 11/15/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) VP BI Operations			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$87.98
		Hartford, CT 06183	1		_		
	VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	5)		
Date 12/13/2024		Full name of contributor out-of-state PAC (ID#:) Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183			Amount of Contribution (\$)	\$87.98	
	Principal occu VP BI Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 12/27/2024	Full name of contributor Abrahms, Nathaniel Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$87.98
	Principal occu VP BI Opera	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 2/131 Rpt: 5/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 11/01/2024	5 Full name of contributor out-of-	state PAC (ID#:		7	Amount of Contribution (\$)	\$38.46
_		Columbus, WI 53925			<u></u>		
8		pation / Job title (See Instructions) ment Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of- Alanis, Jessica Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$38.46
	Dringing aggr	Columbus, WI 53925	i	Employer (Con Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) AVP Government Relations			Employer (See Instructions Travelers Indemnity Co	»)		
	Date 11/27/2024	Full name of contributor			Amount of Contribution (\$)	\$38.46	
		Columbus, WI 53925					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
12/13/2024 Alanis, Je		Alanis, Jessica)		Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/27/2024	Alanis, Jessica	state PAC (ID#:			Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	AVI GOVEIII	THE INCIDENCE OF THE PROPERTY		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 3/131 Rpt: 6/138	
2	FILER NAME		(T. D. A. O.)		3	Filer ID (Ethics Commission	n Filers)
	The Travelei	rs Companies, Inc. Political Action Committee ((I-PAC)			00087159	
4	Date 11/01/2024	5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$35.00
		6 Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	2VP UW Nat	t'l Property		Travelers Indemnity Co			
_	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	11/15/2024	Atkinson, Jerald					\$35.00
		Contributor address; City; State; Zip Code			ł		
		β, ε					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	2VP UW Nat	t'l Property		Travelers Indemnity Co			
	Date	Full name of contributor out-of-state PAC	(ID#·)	Π	Amount of Contribution (\$)	
	12/13/2024	Atkinson, Jerald	(15#			ranount of Continuation (4)	\$35.00
	,,	Contributor address; City; State; Zip Code			ł		400.00
		Contributor address, City, State, 21p code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	2VP UW Nat			Travelers Indemnity Co	,		
	Date		(ID#)		Г	Amount of Contribution (\$)	
	12/27/2024	l — —	(ID#:)		Amount of Contribution (\$)	\$35.00
	12/2//2024						Φ35.00
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	2VP UW Nat	· · · · · · · · · · · · · · · · · · ·		Travelers Indemnity Co	P)		
				Travelers indefinity 66	_		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	470.0
	11/01/2024	Atkinson, Lynda					\$70.96
		Contributor address; City; State; Zip Code					
		Pl					
	· · ·	Phoenix, AZ 85050			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	6)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 4/131 Rpt: 7/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor out-of-state F Atkinson, Lynda Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$70.96
_		Phoenix, AZ 85050					
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/27/2024	Full name of contributor out-of-state F Atkinson, Lynda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.96
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RVP Const Energy & Marine			Travelers Indemnity Co	-,		
	Date 12/13/2024	Full name of contributor out-of-state F Atkinson, Lynda Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$70.96
		Phoenix, AZ 85050					
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
Date Full 12/27/2024 Atk		Full name of contributor out-of-state F Atkinson, Lynda Contributor address; City; State; Zip Code Phoenix, AZ 85050	-			Amount of Contribution (\$)	\$70.96
		pation / Job title (See Instructions) Energy & Marine		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state F Baghdassarian, Holly Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)	•	Amount of Contribution (\$)	\$44.23
	Principal occu 2VP Financia	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 5/131 Rpt: 8/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Baghdassarian, Holly	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$44.23
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
Ĭ	2VP Financia			Travelers Indemnity Co	',		
	Date 11/27/2024	Full name of contributor out Baghdassarian, Holly Contributor address; City; State; Zip				Amount of Contribution (\$)	\$44.23
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP Financial Analysis			Employer (See Instructions Travelers Indemnity Co	5)		
Date Full name of contributor out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)		
	12/13/2024	Baghdassarian, Holly Contributor address; City; State; Zip					\$44.23
		Hartford, CT 06183					
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Full name of contributor out Baghdassarian, Holly Contributor address; City; State; Zip Hartford, CT 06183				Amount of Contribution (\$)	\$44.23
	Principal occu 2VP Financia	pation / Job title (See Instructions) al Analysis		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out Balady, Michele Contributor address; City; State; Zip Las Vegas, NV 89113	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Gov't Re	iauuis		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 6/131 Rpt: 9/138	
2	FILER NAME	s Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/15/2024	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$75.00
_	Deinainal assu	Las Vegas, NV 89113	lo lo	Franks var (Caa kratii vationa	<u></u>		
8	VP Gov't Re	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-Balady, Michele Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occupation / Job title (See Instructions) VP Gov't Relations			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-Balady, Michele Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		Las Vegas, NV 89113					
	Principal occu VP Gov't Re	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	5)		
12/27/2024 Balady, Contribut		Balady, Michele	-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu VP Gov't Re	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/01/2024	Full name of contributor out-of-Beaudoin, Robert Contributor address; City; State; Zip C Hartford, CT 06183	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu 2VP Regulat	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Zvi Negulat	ory raiding		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 7/131 Rpt: 10/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	e (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
g	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
0	2VP Regulat			Travelers Indemnity Co	·)		
	Date 12/13/2024	Full name of contributor out-of-state PA Beaudoin, Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs			Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Full name of contributor out-of-state PA Beaudoin, Robert Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183			L		
	2VP Regulat	pation / Job title (See Instructions) cory Affairs		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 11/01/2024	Full name of contributor out-of-state PA Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891			-	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions) rance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PA Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891)	•	Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	OVI INCHIBUT			Travelers indefining CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 8/131 Rpt: 11/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	 Full name of contributor	`)	7	Amount of Contribution (\$)	\$167.69
8	Principal occu SVP Reinsur	Westerly, RI 02891 pation / Job title (See Instructions) rance	9	Employer (See Instructions Travelers Indemnity Co	 s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Belden, Scott Contributor address; City; State; Zip Code Westerly, RI 02891)		Amount of Contribution (\$)	\$167.69
	Principal occu SVP Reinsur	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:) Belden, Scott Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$167.69	
	•	westerly, RI 02891 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
SVP Reinsurance Date Full name of contributor out-of-state PAC (ID# 11/27/2024 Bellino, Alexander Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$69.95	
	·	Hartford, CT 06183 pation / Job title (See Instructions) v Officer - Brazil		Employer (See Instructions TCI Global Services Inc			
	Date 12/13/2024	Full name of contributor out-of-state PAC Bellino, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	`)		Amount of Contribution (\$)	\$69.95
	·	pation / Job title (See Instructions) v Officer - Brazil		Employer (See Instructions TCI Global Services Inc			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 9/131 Rpt: 12/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/27/2024	5 Full name of contributor	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$69.95
Ω	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	اه	Employer (See Instructions	.) 		
Ü	•	v Officer - Brazil	l ³	TCI Global Services Inc			
	Date 11/01/2024	Full name of contributor Bencini, Michael Contributor address; City; Stat				Amount of Contribution (\$)	\$42.31
		Buffalo, NY 14202					
	Principal occupation / Job title (See Instructions) 2VP Claim Mgmt			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor Bencini, Michael Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$42.31
		Buffalo, NY 14202					
	Principal occu 2VP Claim M	pation / Job title (See Instructions) Igmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor Bencini, Michael Contributor address; City; State Buffalo, NY 14202	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 		
	Date 12/13/2024	Full name of contributor Bencini, Michael Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP Claim M	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
		<u> </u>					

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/131 Rpt: 13/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/27/2024	 5 Full name of contributor	:)	7	Amount of Contribution (\$)	\$42.31
8		Buffalo, NY 14202 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	2VP Claim N Date 11/01/2024	Full name of contributor out-of-state PAC (ID#		Travelers Indemnity Co		Amount of Contribution (\$)	\$66.35
	Principal occu SVP & CFO	Hartford, CT 06183 pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID# Bruder, Eric Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$66.35
		Partford, CT 06183 pation / Job title (See Instructions) Rond & SI		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
11/27/2024 Bruder, I		Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	\$66.35
	Principal occu SVP & CFO	Hartford, CT 06183 pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$66.35
	Principal occu SVP & CFO	pation / Job title (See Instructions) Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
			•				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 11/131 Rpt: 14/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/27/2024	5 Full name of contributor ou	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$66.35
		Hartford, CT 06183	<u> </u>				
8	SVP & CFO			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou Campbell, Laura Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183			<u> </u>		
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor ou Campbell, Laura Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.81
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Campbell, Laura				Amount of Contribution (\$)	\$39.81
	·	pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor ou Campbell, Laura Contributor address; City; State; Zip Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.81
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ZVI SidiiIII	.oa Doracia		Travoloro muchimity GO			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this 1	orı	m.	1	Total pages Schedule A1: Sch: 12/131 Rpt: 15/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 12/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$39.81
_	Deireciant	Hartford, CT 06183	1_	Fanda and (Carabantan times	<u></u>		
8		pation / Job title (See Instructions) Prod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.67
	Principal occu	Pation / Job title (See Instructions)	Γ	Employer (See Instructions	 s)		
	RVP PL			Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Canceran Guinter, Annette Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.67
		Hunt Valley, MD 21031					
	Principal occu RVP PL	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_ Canceran Guinter, Annette Contributor address; City; State; Zip Code Hunt Valley, MD 21031)		Amount of Contribution (\$)	\$70.67
	Principal occu RVP PL	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_Caputo, Lisa Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$2,500.00
	·	pation / Job title (See Instructions) omm & Customer Exp		Employer (See Instructions Travelers Indemnity Co	5)		
		5 & Guotomo: Exp	1				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 13/131 Rpt: 16/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/01/2024	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$60.87
_	Dringing age	Hartford, CT 06183	10	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) al & Analytics	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-state PAG Carr, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAG Carr, Daniel Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$60.87
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/13/2024	Full name of contributor out-of-state PAG Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/27/2024	Full name of contributor out-of-state PAG Carr, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$60.87
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co			
	ZVI Actualia	a. a. anary acco		Travelers indefining CO			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 14/131 Rpt: 17/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 11/01/2024	Checkosky, Robert	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$47.12
_		Hartford, CT 06120					
8		pation / Job title (See Instructions) & BI Fld Sls & Dst	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/15/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi				Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120		- 40	<u> </u>		
		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
		Hartford, CT 06120					
		pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi Hartford, CT 06120	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 12/27/2024	Full name of contributor ou Checkosky, Robert Contributor address; City; State; Zi Hartford, CT 06120	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.12
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Colout	22.774 0.0 4 200					

	MONEI	ARY POLITICAL CON	IRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 15/131 Rpt: 18/138	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Traveler	s Companies, Inc. Political Action Co	ommittee (T-PAC)			00087159	
4	Date 11/27/2024	 Full name of contributor	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		ons - PI & Int'l		Travelers Indemnity Co	,		
	Date 12/13/2024	Full name of contributor out- Collins, Peter Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
		ons - PI & Int'l		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor out- Collins, Peter Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	SVP Operati	ons - PI & Int'l		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out- Coltea, Claudiu Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Enterpr	ise Cust Exprnce		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out- Coltea, Claudiu Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$38.46
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Enterpr	ise Cust Exprnce		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 16/131 Rpt: 19/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/27/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$38.46
_	Deinsinal assu	Hartford, CT 06183		Franksian (Cook Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ise Cust Exprnce	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Coltea, Claudiu Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.46
	Delicalization	Hartford, CT 06183		Faralas a (Os a la structiona			
	-	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (Coltea, Claudiu Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ise Cust Exprnce		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (Crichton, Peter Contributor address; City; State; Zip Code Hartford, CT 06183	(ID#:)	•	Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 17/131 Rpt: 20/138	
2	FILER NAME The Traveler	's Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/27/2024	5 Full name of contributor out	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.77
_		Hartford, CT 06183					
8	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 12/13/2024	Full name of contributor out- Crichton, Peter Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out- Crichton, Peter Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.77
		Hartford, CT 06183					
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Cruz, Alexia	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	<u> </u> (i)		
	Date 11/15/2024	Full name of contributor out- Cruz, Alexia Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) o Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	57. & 010u	2 23.1 Council Olami					

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is forı	n.	1	Total pages Schedule A1: Sch: 18/131 Rpt: 21/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	 Full name of contributor out-of-state PAC (I Cruz, Alexia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$109.62
_	Daine in all a con-	Hartford, CT 06183	- 10	Foundation (October to the other time)			
8	·	pation / Job title (See Instructions) p Gen Counsel Claim	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor)		Amount of Contribution (\$)	\$109.62
	Deireciant	Hartford, CT 06183		Faralas a (Osas la structiona			
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (I Cruz, Alexia Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$109.62
		Hartford, CT 06183					
		pation / Job title (See Instructions) p Gen Counsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (IDalton, Genus Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$87.98
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Dalton, Genus Contributor address; City; State; Zip Code Centennial, CO 80112)	•	Amount of Contribution (\$)	\$87.98
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	.5.5.1.30		<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 19/131 Rpt: 22/138	
2	FILER NAME The Traveler	's Companies, Inc. Political Actior	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/27/2024	5 Full name of contributor Dalton, Genus	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$87.98
		Centennial, CO 80112					
8	Principal occu BI Field Vice			Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor Dauria, Kathleen Contributor address; City; State;)		Amount of Contribution (\$)	\$48.85
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Comm ar	,		Travelers Indemnity Co	')		
	Date 11/15/2024	Full name of contributor Dauria, Kathleen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$48.85
		Hartford, CT 06183					
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/27/2024	Full name of contributor Dauria, Kathleen Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$48.85
	Principal occu VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor Dauria, Kathleen Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$48.85
	Principal occu VP Comm ar	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	;)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 20/131 Rpt: 23/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/27/2024	5 Full name of contributor ou	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$48.85
_	Dringing! aggs	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u>, </u>		
8	VP Comm ar	pation / Job title (See Instructions) nd Cust. Exp		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou DeWitte, Jonathan Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$82.21
		Washington, DC 20005					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	DeWitte, Jonathan Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$82.21
	Principal occur	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	VP Gov't Rel			Travelers Indemnity Co	,		
	Date 11/27/2024	Full name of contributor ou DeWitte, Jonathan Contributor address; City; State; Zi Washington, DC 20005	p Code			Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 11/27/2024	Full name of contributor ou DeWitte, Jonathan Contributor address; City; State; Zi Washington, DC 20005	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.92
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	VI GOVERNE	THE STATE OF THE S		Travelers indefinity CO			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 21/131 Rpt: 24/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/27/2024		ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$82.21
_	Dringing aggr	Washington, DC 20005	lo lo	Employer (See Instructions			
0	VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor on DeWitte, Jonathan Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$82.21
		Washington, DC 20005					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	DeWitte, Jonathan Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.92
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Gov't Rel			Travelers Indemnity Co	,		
	Date 12/13/2024	Full name of contributor on DeWitte, Jonathan Contributor address; City; State; Z Washington, DC 20005	ut-of-state PAC (ID#:i)		Amount of Contribution (\$)	\$82.21
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor on DeWitte, Jonathan Contributor address; City; State; Z Washington, DC 20005	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	VI GOVERNE	anoris		Travelers muerimity 60			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	his for	n.	1	Total pages Schedule A1: Sch: 22/131 Rpt: 25/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/27/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$82.21
0	Dringing agg	Washington, DC 20005	ام	Employer (See Instructions	<u>,,</u>		
•	VP Gov't Re	pation / Job title (See Instructions) lations	9	Travelers Indemnity Co	»)		
	Date 11/01/2024	Full name of contributor			•	Amount of Contribution (\$)	\$45.19
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>,,</u>		
	Executive Co			Travelers Indemnity Co	·)		
	Date 11/15/2024	Full name of contributor out-of-state PAC Dube, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.19
		Hartford, CT 06183					
	Principal occu Executive Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.19
	Principal occu Executive Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$45.19
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 23/131 Rpt: 26/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 12/27/2024	5 Full name of contributor out-of	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.19
_	Deinsinal assu	Hartford, CT 06183	lo.	Frankston (Cookstants)	<u></u>		
8	Executive Co	pation / Job title (See Instructions) ounsel	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of Earnest, Caleb Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$85.10
		Hartford, CT 06183			<u> </u>		
	Principal occupation / Job title (See Instructions) VP Product Manager I-PI			Employer (See Instructions TCI Global Services Inc			
	Date 12/13/2024	Full name of contributor out-of Earnest, Caleb Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$85.10
		Hartford, CT 06183					
	Principal occu VP Product I	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions TCI Global Services Inc			
	Date 12/27/2024	Earnest, Caleb	-state PAC (ID#:)		Amount of Contribution (\$)	\$85.10
	Principal occu VP Product N	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions TCI Global Services Inc			
	Date 11/01/2024	Ebersole, Jodi	-state PAC (ID#:)		Amount of Contribution (\$)	\$29.33
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Group Gene	I COULISE!		Travelers indefinitly CO			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/131 Rpt: 27/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	C)	3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	5 Full name of contributor Ebersole, Jodi6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.33
8	Principal occu Group Gene	Hartford, CT 06183 pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Ebersole, Jodi Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.33
	Principal occupation / Job title (See Instructions) Group General Counsel			Employer (See Instructions Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:) Ebersole, Jodi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.33	
		Hartford, CT 06183			Ĺ		
	Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co			
Date Full name of contributor 12/27/2024 Ebersole, Jodi Contributor address; City; State		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.33	
	Principal occu Group Gene	Hartford, CT 06183 pation / Job title (See Instructions) ral Counsel)	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Farley, Kathryn Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
		pation / Job title (See Instructions) : Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/131 Rpt: 28/138	
2	FILER NAME				3	•	n Filers)
		rs Companies, Inc. Political Ac		C)	L	00087159	
4	Date 12/13/2024	5 Full name of contributor Farley, Kathryn6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$126.92
		St. Paul, MN 55102					
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions			
	VP Fixed Inc	: Portfolio Mgr		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Farley, Kathryn Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
		St. Paul, MN 55102					
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	VP Fixed Inc	: Portfolio Mgr		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor			Amount of Contribution (\$)	\$40.38	
		Blue Bell, PA 19422	e Bell. PA 19422				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
		ounsel Claim		Travelers Indemnity Co	•		
	Date 11/15/2024	Full name of contributor Ferren, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	wanaging Co	ounsel Claim		Travelers Indemnity Co	_		
	Date 11/27/2024	Full name of contributor Ferren, William Contributor address; City; Sta Blue Bell, PA 19422	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$40.38
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Managing Co	ounsel Claim		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 26/131 Rpt: 29/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/13/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$40.38
_		Blue Bell, PA 19422					
8	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$40.38
		Blue Bell, PA 19422					
	Principal occupation / Job title (See Instructions) Managing Counsel Claim			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
	Principal occu VP HR - Clai	pation / Job title (See Instructions) im		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 27/131 Rpt: 30/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$52.88
Ω	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la.	Employer (See Instructions	-, 		
•	VP HR - Clai		9	Travelers Indemnity Co	»)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID Flanagan, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$79.33
		Hartford, CT 06183			_		
	Principal occupation / Job title (See Instructions) VP HR - Claim			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID French, David Contributor address; City; State; Zip Code)#:)	•	Amount of Contribution (\$)	\$118.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (IDE) French, David Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$118.85
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	<u>I</u> S)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID French, David Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$118.85
	•	pation / Job title (See Instructions) Personal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
		1 Gradian matranac		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his forr	n.	1	Total pages Schedule A1: Sch: 28/131 Rpt: 31/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$118.85
_	Daine in all a con-	Hartford, CT 06183	- Io	Foundation (October to the street)			
8		pation / Job title (See Instructions) Personal Insurance	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC French, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$118.85
	Deire die al. a a co	Hartford, CT 06183		Fundamental Control			
	Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance			Employer (See Instructions Travelers Indemnity Co	S)		
	Date 11/01/2024	Full name of contributor out-of-state PAC Frey, Daniel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Frey, Daniel Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Financial Officer		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 29/131 Rpt: 32/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$208.33
_	Duinning Langu	Hartford, CT 06183	- 10	Franks var (Caa Instructions			
8		pation / Job title (See Instructions) Financial Officer	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor	`)		Amount of Contribution (\$)	\$153.85
	Deireciant	Hartford, CT 06183		For the control of th			
	Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code	.C (ID#:)		Amount of Contribution (\$)	\$153.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/27/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PA Galvin, Jason Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$153.85
	·	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	21. & 0.1101						

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 30/131 Rpt: 33/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024		te PAC (ID#:		7	Amount of Contribution (\$)	\$153.85
_		Hartford, CT 06183	- Ia		<u></u>		
8		pation / Job title (See Instructions) Information Ofcr		Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Garten, Cynthia)		Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183		5 1 (0 1 1 1	<u></u>		
	Principal occupation / Job title (See Instructions) VP HR - Personal Insurance			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-sta Garten, Cynthia Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		Hartford, CT 06183					
		pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Garten, Cynthia				Amount of Contribution (\$)	\$53.85
	·	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 12/13/2024	Garten, Cynthia)		Amount of Contribution (\$)	\$53.85
	·	pation / Job title (See Instructions) sonal Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 31/131 Rpt: 34/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	5 Full name of contributor out-of-state PAC (If Garten, Cynthia 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$53.85
_	Delicalization	Hartford, CT 06183		Faralagae (Octobration			
8		pation / Job title (See Instructions) sonal Insurance	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-state PAC (If Gee, Patrick Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$38.56
	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	SVP Claim Personal Ins			Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-state PAC (II Gee, Patrick Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$38.56
		Hartford, CT 06183					
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	′		
	Date 11/27/2024	Full name of contributor out-of-state PAC (II Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$38.56
	Principal occu SVP Claim F	pation / Job title (See Instructions) Personal Ins		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (If Gee, Patrick Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$38.56
	Principal occu SVP Claim F	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	J. Janii						

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	m.	1	Total pages Schedule A1: Sch: 32/131 Rpt: 35/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/27/2024	 5 Full name of contributor out-of-state Gee, Patrick 6 Contributor address; City; State; Zip Code 	te PAC (ID#:)	7	Amount of Contribution (\$)	\$38.56
•	Dringinal accu	Hartford, CT 06183 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	SVP Claim F		9	Travelers Indemnity Co	·)		
	Date 11/01/2024	Gehrhardt, Beth)		Amount of Contribution (\$)	\$45.16
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Human Resources			Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-stat Gehrhardt, Beth Contributor address; City; State; Zip Code	ee PAC (ID#:			Amount of Contribution (\$)	\$45.16
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 11/27/2024	Gehrhardt, Beth)		Amount of Contribution (\$)	\$45.16
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Gehrhardt, Beth)		Amount of Contribution (\$)	\$45.16
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Human F	kesources		Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 33/131 Rpt: 36/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/27/2024	5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.16
_	<u> </u>	Hartford, CT 06183	la la	5 1 (0 1 1 1			
8	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 12/13/2024	Full name of contributor ou Giannone, Anthony Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$59.62
		Hartford, CT 06183					
	Principal occupation / Job title (See Instructions) VP Multinational Practice			Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Full name of contributor out out of contributor and contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$59.62
		Hartford, CT 06183					
	Principal occu VP Multination	pation / Job title (See Instructions) onal Practice		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou Gibbons, Myles Contributor address; City; State; Zi Hartford, CT 06183	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$86.54
	•	pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor ou Gibbons, Myles Contributor address; City; State; Zi Hartford, CT 06183	p Code			Amount of Contribution (\$)	\$92.31
	•	pation / Job title (See Instructions) AG & CUO Mid Mkt		Employer (See Instructions Travelers Indemnity Co	i)		
	341 1103 07	TO A GOO MIN MIN		The vote of machinity GO			

	MONEI	ARY POLITICAL CON	NIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this for	n.	1	Total pages Schedule A1: Sch: 34/131 Rpt: 37/138	
2	FILER NAME	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	5 Full name of contributor o Gibbons, Myles6 Contributor address; City; State; Z	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$144.23
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	SVP Pres CA	AG & CUO Mid Mkt		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$144.23
		Hartford, CT 06183					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Pres CAG & CUO Mid Mkt Travel		Travelers Indemnity Co				
	Date 12/27/2024	Full name of contributor of Gibbons, Myles Contributor address; City; State; 2	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$144.23
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	AG & CUO Mid Mkt		Travelers Indemnity Co	,		
	Date 11/01/2024	Full name of contributor of contributor of contributor address; City; State; Zity; State; Zity; Cross, Cros	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$148.08
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/15/2024	Full name of contributor of Gifford, Bruce Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$148.08
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP Chief A	ctuary BI		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 35/131 Rpt: 38/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$148.08
8	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	<u>:)</u>		
	SVP Chief A			Travelers Indemnity Co	"		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID Gifford, Bruce Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183					
	Principal occur SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID Gifford, Bruce Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$148.08
		Hartford, CT 06183					
	Principal occu SVP Chief A	pation / Job title (See Instructions) ctuary BI		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Investor	pation / Job title (See Instructions) r Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID Goldstein, Abbe Contributor address; City; State; Zip Code New York City, NY 10017	#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	OVI HIVESTOR	i Notations		Travelers indefinitly CO			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 36/131 Rpt: 39/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)			00087159	
4	Date 12/13/2024	5 Full name of contributor Goldstein, Abbe6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
		New York City, NY 10017					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	SVP Investo			Travelers Indemnity Co	,		
	Date 12/27/2024	Full name of contributor Goldstein, Abbe Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
		New York City, NY 10017	1				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Investo	r Relations		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor Griffard, Julie Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$49.42
		Houston, TX 77041					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Griffard, Julie Contributor address; City; Stat Houston, TX 77041	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$49.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Griffard, Julie Contributor address; City; Stat Houston, TX 77041	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$49.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
			<u> </u>				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	lete this forr	m.	1	Total pages Schedule A1: Sch: 37/131 Rpt: 40/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Comm	nittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	·	te PAC (ID#:)	7	Amount of Contribution (\$)	\$49.42
		Houston, TX 77041					
8		pation / Job title (See Instructions) Energy & Marine	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/27/2024	Griffard, Julie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$49.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RVP Const E	Energy & Marine		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-sta Griner, John Contributor address; City; State; Zip Code	tte PAC (ID#:)		Amount of Contribution (\$)	\$31.92
		Brookfield, WI 53005					
	Principal occu Sr Counsel (pation / Job title (See Instructions) Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Griner, John)		Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/27/2024	Griner, John				Amount of Contribution (\$)	\$31.92
	Principal occu Sr Counsel (pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Si Courisei C	Jami		Travelers indefinitly CO			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 38/131 Rpt: 41/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$31.92
0	Dringing aggr	Brookfield, WI 53005	lo.	Employer (See Instructions	_		
8	Sr Counsel (pation / Job title (See Instructions) Claim	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 12/27/2024	Full name of contributor out-of-s Griner, John Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$31.92
	Principal occu	Brookfield, WI 53005 pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Counsel (Travelers Indemnity Co	')		
	Date 11/27/2024	Full name of contributor out-of-s Grissom, Bryce Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$67.31
		Hartford, CT 06183					
	Principal occu VP Commerc	pation / Job title (See Instructions) cial Surety		Employer (See Instructions TCI Global Services Inc)		
	Date 12/13/2024	Grissom, Bryce				Amount of Contribution (\$)	\$67.31
	Principal occu VP Commerc	pation / Job title (See Instructions) cial Surety		Employer (See Instructions TCI Global Services Inc)		
	Date 12/27/2024	Grissom, Bryce	state PAC (ID#:			Amount of Contribution (\$)	\$67.31
	Principal occu VP Commerc	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc	5)		
	v. Commen	o.a. Juroty		. S. Global Scryices IIIe			

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 39/131 Rpt: 42/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Committee (T-P/	4C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$89.42
_		New York City, NY 10017	1.				
8	Principal occup	pation / Job title (See Instructions) ounts VP	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$89.42
	Principal occu	New York City, NY 10017 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> s)		
	National Acc	ounts VP		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$89.42
		New York City, NY 10017					
	Principal occup National Acc	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$89.42
	Principal occup	pation / Job title (See Instructions) ounts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: Hamm, Scott Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$89.42
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	ivauUtidi ACC	ounts ve	<u> </u>	Travelers indefiffilly CO			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 40/131 Rpt: 43/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/01/2024	Harris, Douglas	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.58
	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	_		
0		pation / Job title (See Instructions) od Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 11/15/2024	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$40.58
	Delicalization	Hartford, CT 06183		Farabasa (Osabasa tanati	Ĺ		
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-o Harris, Douglas Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Harris, Douglas				Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/27/2024	Harris, Douglas	of-state PAC (ID#:			Amount of Contribution (\$)	\$40.58
	•	pation / Job title (See Instructions) od Dev&Strat		Employer (See Instructions Travelers Indemnity Co)		
			l				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 41/131 Rpt: 44/138	
2	FILER NAME				3	•	n Filers)
	The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	<u> </u>	L	00087159	
4	Date 11/01/2024	5 Full name of contributor Hart, Christopher6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
		Canandaigua, NY 14424					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>L</u> S)		
	Lead Learnir		,	Travelers Indemnity Co			
	Date	Full name of contributor	Out of state DAC (ID#)		Г	Amount of Contribution (\$)	
	11/15/2024	Hart, Christopher	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	11/13/2024	·					φ30.00
		Contributor address; City; St	ate; Zip Code				
		Canandaigua, NY 14424					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Lead Learnir	ng Facilitator		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/27/2024	Hart, Christopher				(.,	\$30.00
		Contributor address; City; St	ate: Zip Code		1		
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				
		Canandaigua, NY 14424					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Lead Learnir	ng Facilitator		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Hart, Christopher	_ ` _	,		`,	\$30.00
		Contributor address; City; St	ate [.] Zin Code		ł		
		Contributor address, City, Ct	atc, 21p codc				
		Canandaigua, NY 14424					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Lead Learnir	ng Facilitator		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	12/27/2024	Hart, Christopher	out of state 1 Ac (ID#			ranount of Continuation (¢)	\$30.00
	12/21/2021		ato: Zin Codo		-		Ψ00.00
		Contributor address; City; St	ate, Zip Code				
		Canandaigua, NY 14424					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Lead Learnir		′	Travelers Indemnity Co	-,		

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 42/131 Rpt: 45/138	
2	FILER NAME				3	•	Filers)
	The Traveler	rs Companies, Inc. Political Actio	n Committee (T-PAC)			00087159	
4	Date 11/01/2024	Full name of contributorHaze, JeffreyContributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)	7	Amount of Contribution (\$)	\$25.92
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Director Data	a Management		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Haze, Jeffrey Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.92
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Director Data	a Management		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Haze, Jeffrey Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$25.92
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director Data	a Management		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Haze, Jeffrey Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.92
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Director Data	a Management		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Haze, Jeffrey Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$25.92
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Director Data	a Management		Travelers Indemnity Co			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 43/131 Rpt: 46/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/01/2024	5 Full name of contributor Henderson, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.25
8	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/-		
•		National Property		Travelers Indemnity Co	•)		
	Date 11/15/2024	Full name of contributor Henderson, Charles Contributor address; City; State;				Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081			<u> </u>		
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor Henderson, Charles Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.25
		Richardson, TX 75081					
		pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor Henderson, Charles Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.25
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor Henderson, Charles Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.25
	•	pation / Job title (See Instructions) National Property		Employer (See Instructions Travelers Indemnity Co	5)		
	2.1. 000.1						

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 44/131 Rpt: 47/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/01/2024	· —	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$23.32
0	Dringing aggr	Hartford, CT 06183	lo.	Employer (See Instructions			
8	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/15/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$23.32
	Deinainal assu	Hartford, CT 06183		Franksian (Cookarational	_		
	VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor o Hentnick, Donna Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$23.32
		Hartford, CT 06183					
	Principal occu VP Human F	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Hentnick, Donna				Amount of Contribution (\$)	\$23.32
	Principal occu VP Human R	pation / Job title (See Instructions) Resources		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/27/2024	Full name of contributor o Hentnick, Donna Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$23.32
	Principal occu VP Human R	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			I				

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 45/131 Rpt: 48/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/01/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$76.92
8		Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 11/15/2024	Full name of contributor out-of-state PAC		Travelers Indemnity Co		Amount of Contribution (\$)	\$76.92
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC Herron, Peter Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$76.92
		Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	•		
	Date 12/13/2024	Full name of contributor out-of-state PAC Herron, Peter		Travelers Indemnity Co		Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	•		
	Date 12/27/2024	Full name of contributor out-of-state PAC Herron, Peter Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$76.92
	Principal occu SVP PNP Bo	pation / Job title (See Instructions) ond & SI		Employer (See Instructions Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/131 Rpt: 49/138	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		00087159	
4	Date 11/01/2024	5 Full name of contributor [Herzog, Kristin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u></u>		
		Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$95.19
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor [Herzog, Kristin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$95.19
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Herzog, Kristin Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$95.19
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 47/131 Rpt: 50/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-F	PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$221.15
•	Dringing! goog	Hartford, CT 06183	١,	Employer (See Instructions	<u></u>		
•		pation / Job title (See Instructions) dl MktNatlProp&Bl Fld	J ⁹	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/15/2024	Full name of contributor uut-of-state PAC (ID# Higgins, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$110.58
	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
		dl MktNatlProp&Bl Fld		Travelers Indemnity Co	·)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID# Hill, David Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$60.58
		Blue Bell, PA 19422					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID# Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422)	•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#Hill, David Contributor address; City; State; Zip Code Blue Bell, PA 19422			•	Amount of Contribution (\$)	\$60.58
	Principal occu BI Field Vice	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 48/131 Rpt: 51/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	·	state PAC (ID#:)	7	Amount of Contribution (\$)	\$60.58
		Blue Bell, PA 19422					
8	Principal occu BI Field Vice			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-s Hill, David Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$60.58
	Deinsinal assu	Blue Bell, PA 19422		Franks on (Cooks to the stip on	<u></u>		
	BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-s Hogan, George Contributor address; City; State; Zip Co	state PAC (ID#:)	•	Amount of Contribution (\$)	\$38.06
		Chicago, IL 60601					
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Hogan, George)	•	Amount of Contribution (\$)	\$38.06
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>1 </u>		
	Date 11/27/2024	Full name of contributor out-of-s Hogan, George Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$38.06
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	or Regional	Dir Field Mgmt		naveiers indefinitly CO			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 49/131 Rpt: 52/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$38.06
_	Dringing agg	Chicago, IL 60601	- 10	Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) Dir Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 12/27/2024	Full name of contributor out-of-state PAG Hogan, George Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$38.06
		Chicago, IL 60601		5 1 (0 1 1 1	<u></u>		
	•	pation / Job title (See Instructions) Dir Field Mgmt		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 11/01/2024	Full name of contributor out-of-state PAC Horan, William Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$40.38
		San Antonio, TX 78216					
		pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAG Horan, William Contributor address; City; State; Zip Code San Antonio, TX 78216)	•	Amount of Contribution (\$)	\$40.38
	•	pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Salastroprie	Siam Flora VI		Travelers indefining 60			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 50/131 Rpt: 53/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	5 Full name of contributor Horan, William6 Contributor address; City; State	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$40.38
_		San Antonio, TX 78216			_		
8		pation / Job title (See Instructions) Claim Field VP		Employer (See Instructions Travelers Indemnity Co	5) 		
	Date 12/27/2024	Full name of contributor Horan, William Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$40.38
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
		Claim Field VP		Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor Houston, Marchelle Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
	Principal occu SVP Bond &	pation / Job title (See Instructions) .SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor Houston, Marchelle Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor Houston, Marchelle Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	21. 23.14 0						

	MONET	ARY POLITICAL C	ONTRIBUTION	IS			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.		1	Total pages Schedule A1: Sch: 51/131 Rpt: 54/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC)			3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	5 Full name of contributor Houston, Marchelle6 Contributor address; City; State	out-of-state PAC (ID#: atte; Zip Code			7	Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183	<u> </u>					
8	Principal occu SVP Bond &	pation / Job title (See Instructions) SI Claim	9	Employer (See Travelers Inde)		
	Date 11/01/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.77
	Principal occu	Charlotte, NC 28226 pation / Job title (See Instructions)		Employer (See	Instructions))		
	BI Field Vice	President		Travelers Inde				
	Date 11/15/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$55.77
		Charlotte, NC 28226						
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Travelers Inde)		
	Date 11/27/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$55.77
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Travelers Inde)		
	Date 12/13/2024	Full name of contributor Hudson, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$55.77
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Travelers Inde)		
			L		-			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 52/131 Rpt: 55/138	
2	FILER NAME	re Companies Inc. Political Action Committee	(T DAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 S Companies, Inc. Political Action Committee (Full name of contributor out-of-state PAC Hudson, Melanie Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$55.77
		Charlotte, NC 28226					
8	Principal occu BI Field Vice		9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	•	Counsel Bond & SI		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	′		
	Date 12/13/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$45.00
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$92.31
	•	pation / Job title (See Instructions) Counsel Bond & SI		Employer (See Instructions Travelers Indemnity Co			
	Group Geri C	Sounger doing a Si		Havelets indefinitly Co			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 53/131 Rpt: 56/138	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC))		00087159	
4	Date 11/01/2024	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$27.31
		Melville, NY 11747					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$27.31
		Melville, NY 11747	1		<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	ASSOC Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$27.31
		Melville, NY 11747					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State Melville, NY 11747	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$27.31
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Ibuzor, Aloy Contributor address; City; State Melville, NY 11747	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$27.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 54/131 Rpt: 57/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		rs Companies, Inc. Political Actio				00087159	
4	Date 11/01/2024	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Jones, Bruce Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Jones, Bruce Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$192.31
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVPEnt Risk	Mgmt&Chf RiskOfcr		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Jones, Bruce Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$192.31
		pation / Job title (See Instructions) Mgmt&Chf RiskOfcr		Employer (See Instructions Travelers Indemnity Co)		
			1			Assessment of Ossetsile sticks (d)	
	Date 11/01/2024	Full name of contributor Kalla, Christine Contributor address; City; State St. Paul, MN 55102	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$211.54
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP & Gene	eral Counsel		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 55/131 Rpt: 58/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Act	tion Committee (T-PAC	;)	3	Filer ID (Ethics Commission 00087159	າ Filers)
4	Date 11/15/2024	Full name of contributor [Kalla, ChristineContributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$211.54
8	Principal occu	St. Paul, MN 55102	l c	9 Employer (See Instructions	<u>s)</u>		
	EVP & Gene	eral Counsel		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Kalla, Christine Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$211.54
	Principal occu	St. Paul, MN 55102 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	EVP & Gene	eral Counsel		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Kalla, Christine Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$124.99
		St. Paul, MN 55102					
	Principal occu EVP & Gene	upation / Job title (See Instructions) eral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor Keane, Robert Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$80.77
		upation / Job title (See Instructions) p Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Keane, Robert Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$80.77
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			
			,				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 56/131 Rpt: 59/138	
2	FILER NAME	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	5 Full name of contributor out-of-state PAC (Keane, Robert 6 Contributor address; City; State; Zip Code	(ID#:)	7	Amount of Contribution (\$)	\$80.77
_		Hartford, CT 06183					
8		pation / Job title (See Instructions) Gen Counsel-Claim	9	Employer (See Instructions Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor out-of-state PAC (Keane, Robert Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$80.77
		Hartford, CT 06183					
		pation / Job title (See Instructions) o Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u>l</u> S)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (Kearney, Brian Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$50.00
	Principal occu VP Product	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	vi rioduct			Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 57/131 Rpt: 60/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)			00087159	
4	Date 12/13/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
•	Dringing con	Hartford, CT 06183	lo.	Employer (Coo Instruction			
8	VP Product	upation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
					_		
	Date 12/27/2024	Full name of contributor out-of-state Kearney, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product			Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-state Keegan, Patrick Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SVP & Enter			Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-state Keegan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$211.54
		Hartford, CT 06183					
	Principal occu SVP & Enter	I upation / Job title (See Instructions) rprise CUO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state Keegan, Patrick Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$211.54
		Continuator address, City, State, Zip Code					
		Hartford, CT 06183					
	Principal occu	Hartford, CT 06183 upation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co) (s)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 58/131 Rpt: 61/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	 Full name of contributor out-of-state F Keegan, Patrick Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$124.99
0	Principal occu	Hartford, CT 06183	lo.	Employer (See Instructions	·/		
•	SVP & Enter	pation / Job title (See Instructions) prise CUO	9	Travelers Indemnity Co	•)		
	Date 11/01/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$44.62
	Duinning Langu	Hartford, CT 06183	1	Frankrian (Can Instructions	<u></u>		
		pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
		pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$44.62
	·	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	<u>(</u>		
	Date 12/13/2024	Full name of contributor out-of-state F Kelley, Patricia Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$44.62
	·	pation / Job title (See Instructions) Claim Liability		Employer (See Instructions Travelers Indemnity Co	5)		
	Complex	- · · · · - · · · · ·					

	MONEI	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 59/131 Rpt: 62/138	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	s Companies, Inc. Political Action Com	mittee (T-PAC)			00087159	
4	Date 12/27/2024	 5 Full name of contributor	state PAC (ID#:		7	Amount of Contribution (\$)	\$44.62
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
		Claim Liability		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-s Kelly, Timothy Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$53.85
		New York City, NY 10017					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-s Kelly, Timothy Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$53.85
		New York City, NY 10017					
	•	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-s Kelly, Timothy Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$53.85
		pation / Job title (See Instructions) /e Invesments		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/13/2024	Full name of contributor out-of-s Kelly, Timothy Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$53.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Alternativ	ve Invesments		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 60/131 Rpt: 63/138	
2	FILER NAME	rs Companies, Inc. Political Action Committee	ο (Τ-ΡΔC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 Full name of contributor uut-of-state P/Kelly, Timothy Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$53.85
_	5	New York City, NY 10017	- la	- L (0 L : "	<u></u>		
8		pation / Job title (See Instructions) /e Invesments	9	Employer (See Instructions Travelers Indemnity Co	S) 		
	Date 11/01/2024	Full name of contributor out-of-state PA Kennedy, Tara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) istomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAKennedy, Tara Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$70.67
	Delevie el escer	Hartford, CT 06183		Faralassa (Osas kastuustis as	<u></u>		
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PA Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions) ustomer Services		Employer (See Instructions Travelers Indemnity Co	<u>I</u> 5)		
	Date 12/13/2024	Full name of contributor out-of-state PAKennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.67
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP CIAIIII CL	istomer Services		Travelers Indemnity Co			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 61/131 Rpt: 64/138	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	The Traveler	rs Companies, Inc. Political Acti	ion Committee (T-PAC)			00087159	
4	Date 12/27/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$23.56
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	[9]	Employer (See Instructions)		
		ustomer Services		Travelers Indemnity Co	,		
	Date 11/01/2024	Full name of contributor [Kess, Avrohom Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
		New York City, NY 10017					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Chair &	Chief Legal Offcr		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor [Kess, Avrohom Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		New York City, NY 10017					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		Chief Legal Offcr		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Kess, Avrohom Contributor address; City; State New York City, NY 10017	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Chair &	Chief Legal Offcr		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Kess, Avrohom Contributor address; City; Stat New York City, NY 10017	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Chair &	Chief Legal Offcr		Travelers Indemnity Co			
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 62/131 Rpt: 65/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee ((T-PAC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 11/27/2024	 Full name of contributor out-of-state PAC Klenk, Jeffrey Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Hartford, CT 06183	- 10		<u></u>		
8	•	pation / Job title (See Instructions) abilityBond&SpcIty	9	Employer (See Instructions TCI Global Services Inc			
	Date 11/01/2024	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.65
	Principal occu	Phoenix, AZ 85050 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	Claim Accou			Travelers Indemnity Co	,,		
	Date 11/15/2024	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$28.65
		Phoenix, AZ 85050					
		pation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/27/2024	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050				Amount of Contribution (\$)	\$28.65
	•	pation / Job title (See Instructions) int Executive		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Knudson, Kim Contributor address; City; State; Zip Code Phoenix, AZ 85050	,			Amount of Contribution (\$)	\$28.65
	•	pation / Job title (See Instructions) Int Executive		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 63/131 Rpt: 66/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	5 Full name of contributor [Knudson, Kim	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$28.65
_		Phoenix, AZ 85050	la-	- 100	<u> </u>		
8	Claim Accou	pation / Job title (See Instructions) Int Executive	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 11/01/2024	Full name of contributor Kreuzer, Robert Contributor address; City; Stat				Amount of Contribution (\$)	\$126.92
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	VP Risk Con			Travelers Indemnity Co	',		
	Date 11/15/2024	Full name of contributor Kreuzer, Robert Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
		Hartford, CT 06183					
	Principal occu VP Risk Con	pation / Job title (See Instructions) atrol		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/27/2024	Full name of contributor Kreuzer, Robert Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor Kreuzer, Robert Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$126.92
	Principal occu VP Risk Con	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 64/131 Rpt: 67/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	5 Full name of contributor ou Negree out	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$126.92
_	Dringing! aggs	Hartford, CT 06183	10	Employer (Coo Instructions			
8	VP Risk Con	pation / Job title (See Instructions) trol		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor				Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/15/2024	Full name of contributor ou Larkin, Courtney Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$86.54
		Hartford, CT 06183					
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) lations		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/27/2024	Full name of contributor ou Larkin, Courtney Contributor address; City; State; Zij Hartford, CT 06183				Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Rel	pation / Job title (See Instructions) ations		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Larkin, Courtney)		Amount of Contribution (\$)	\$86.54
	Principal occu VP Gov't Rel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	VI GOVERNE	THE STATE OF THE S		Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 65/131 Rpt: 68/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$86.54
_	Dringing! aggr	Hartford, CT 06183	اما	Employer (Co.) Instructions	<u></u>		
•	VP Gov't Rel	pation / Job title (See Instructions) lations	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC Lavelle, Martin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$81.63
	Deinainal assu	Hartford, CT 06183		Franksian (Cook batwatian	<u></u>		
	Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor out-of-state PAC Lavelle, Martin Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$81.63
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	-		
	Date 12/27/2024	Full name of contributor out-of-state PAC Lavelle, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	,)	•	Amount of Contribution (\$)	\$81.63
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-state PAC Lear, Mark Contributor address; City; State; Zip Code St. Louis, MO 63146			•	Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	TOT BOILD &			Havelets indefining CO			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 66/131 Rpt: 69/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Actior	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Lear, Mark 6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$75.00
8	Principal occu RVP Bond &	St. Louis, MO 63146 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co)		
	Date 11/27/2024	Full name of contributor Lear, Mark Contributor address; City; State; St. Louis, MO 63146	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu RVP Bond &	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor Lear, Mark Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		St. Louis, MO 63146					
	Principal occu RVP Bond &	pation / Job title (See Instructions) s SI		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/27/2024	Full name of contributor Lear, Mark Contributor address; City; State; St. Louis, MO 63146	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor Lego, Raymond Contributor address; City; State; Centennial, CO 80112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.96
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 67/131 Rpt: 70/138	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Commi	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor out-of-stat Lego, Raymond Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$40.96
8	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	;) 		
	Managing Co	' '		Travelers Indemnity Co	•)		
	Date 11/27/2024	Lego, Raymond)		Amount of Contribution (\$)	\$40.96
		Centennial, CO 80112	-				
	Principal occu Managing Co	pation / Job title (See Instructions) punsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-stat Lego, Raymond Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$40.96
		Centennial, CO 80112					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Lego, Raymond	e PAC (ID#:			Amount of Contribution (\$)	\$40.96
	•	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-stat Linehan, Patrick Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$148.08
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	SVI COIPOIL	ac communications		Tavoloto indominity GO			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 68/131 Rpt: 71/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	AC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 5 Full name of contributor out-of-state PAC (ID#:_Linehan, Patrick 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$148.08
_	Deinstead	New York City, NY 10017	T_	Fanda and (Cara Instructions	<u></u>		
8		pation / Job title (See Instructions) ate Communications	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_Linehan, Patrick Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$148.08
	Princinal occu	New York City, NY 10017 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ate Communications		Travelers Indemnity Co	,,		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Linehan, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$148.08
		New York City, NY 10017	_				
		pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_Linehan, Patrick Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$148.08
	·	pation / Job title (See Instructions) ate Communications		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			<u>. </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 69/131 Rpt: 72/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	 5 Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.77
8	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Llompart-Coley, Margarita Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$40.77
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_Llompart-Coley, Margarita Contributor address; City; State; Zip Code Hartford, CT 06183		Travelers Indemnity Co		Amount of Contribution (\$)	\$40.77
	Principal occu 2VP Affinity	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Loperfido, Dennis Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 70/131 Rpt: 73/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	mmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	5 Full name of contributor out-contributor out-contributor	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$75.00
0	Dringing oggu	St. Paul, MN 55102	lo.	Employer (See Instructions	·/-		
•	VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	•)		
	Date 12/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$75.00
	Principal occu	St. Paul, MN 55102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP HD of FI			Travelers Indemnity Co	,		
	Date 12/27/2024	Full name of contributor out-contributor Out-contributor address; City; State; Zip of	of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
		St. Paul, MN 55102					
	Principal occu VP HD of FI	pation / Job title (See Instructions) Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Lord, John)		Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions) roperty UW Officer		Employer (See Instructions TCI Global Services Inc			
	Date 12/13/2024	Lord, John	of-state PAC (ID#:			Amount of Contribution (\$)	\$140.38
	•	pation / Job title (See Instructions) roperty UW Officer		Employer (See Instructions TCI Global Services Inc			
	ST. CHICH	in the second se	I	. 5. 5.55ai 56i vioc5 iiic			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 71/131 Rpt: 74/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	<u>(</u>	L	00087159	
4	Date 12/27/2024	5 Full name of contributorLord, John6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$140.38
	Deinsinal case	Hartford, CT 06183		2. Frankriger (Con Instruction			
8		pation / Job title (See Instructions roperty UW Officer	(3)	Employer (See Instructions TCI Global Services Inc			
	3VP CITIET P			TCI Giobai Services inc	_		
	Date 11/27/2024	Full name of contributor MacCallum, Corinne Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.58
		Hartford, CT 06183					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	2VP CEM &	Lrg Acct Specialist		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor MacCallum, Corinne Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$45.58
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>		
		Lrg Acct Specialist	,	Travelers Indemnity Co	-,		
	Date 12/27/2024	Full name of contributor MacCallum, Corinne Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$45.58
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	2VP CEM &	Lrg Acct Specialist		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Mandelker, Stacy Contributor address; City; State of the contributor address of the contributor addres	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$67.79
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP BSI Reg	Rate UW Cmpl Stan		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS	Ď.		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm		1	Total pages Schedule A1: Sch: 72/131 Rpt: 75/138	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Ad	ction Committee (T-PAG	C)			00087159	
4	Date 12/13/2024	Full name of contributor Mandelker, Stacy	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$67.79
		6 Contributor address; City; St	ate; Zip Code					
_		Hartford, CT 06183		-				
8		pation / Job title (See Instructions	5)		Employer (See Instructions)		
	VP BSI Reg	Rate UW Cmpl Stan			Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:				Amount of Contribution (\$)	
	12/27/2024	Mandelker, Stacy						\$67.79
		Contributor address; City; St	ate; Zip Code					
		Hartford, CT 06183						
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions)		
	VP BSI Reg	Rate UW Cmpl Stan		7	Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Mannoochahr, Mano						\$57.69
		Contributor address; City; St Hartford, CT 06183	ate; zip Code					
	Principal occu	pation / Job title (See Instructions	s)	E	Employer (See Instructions)		
	SVP Chief D	ata&Analytics Ofcr		7	Γravelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2024	Mannoochahr, Mano Contributor address; City; St Hartford, CT 06183	ate; Zip Code					\$57.69
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions)		
	SVP Chief D	ata&Analytics Ofcr	,	7	Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2024	Mannoochahr, Mano						\$57.69
		Contributor address; City; St Hartford, CT 06183	ate; Zip Code					
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions)		
	SVP Chief D	ata&Analytics Ofcr		_ 7	Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 73/131 Rpt: 76/138	
2	FILER NAME	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	5 Full name of contributor ou Mannoochahr, Mano	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$57.69
_	Datasias Issue	Hartford, CT 06183	<u> </u>	Facelous (Control to the control to the	Ĺ		
8		pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor ou Mannoochahr, Mano Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$57.69
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ata&Analytics Ofcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou Mariani, Leonard Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	Principal occu SVP Nationa	pation / Job title (See Instructions) al Markets		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/15/2024	Full name of contributor ou Mariani, Leonard Contributor address; City; State; Zij Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor ou Mariani, Leonard Contributor address; City; State; Zij Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu SVP Nationa	pation / Job title (See Instructions)		Employer (See Instructions	()		
	SVP INALIUITE	u markets		Travelers Indemnity Co			

	MONET	ARY POLITICAL C	CONTRIBUTION	N :	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 74/131 Rpt: 77/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Ac	tion Committee (T-PAC	:)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/13/2024	5 Full name of contributor Mariani, Leonard6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183						
8	Principal occu SVP Nationa	pation / Job title (See Instructions al Markets) 9		Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/27/2024	Full name of contributor Mariani, Leonard Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.46
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	SVP Nationa	al Markets			Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor McBrien, Peter Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.63
		Hartford, CT 06183						
	Principal occu VP Circle Le	pation / Job title (See Instructions ad			Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor McBrien, Peter Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.63
	Principal occu VP Circle Le	pation / Job title (See Instructions ad)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor McBrien, Peter Contributor address; City; St Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.63
	Principal occu VP Circle Le	pation / Job title (See Instructions ad			Employer (See Instructions Travelers Indemnity Co	5)		
			L					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 75/131 Rpt: 78/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	5 Full name of contributor ou ou McBrien, Peter	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.63
Ω	Principal occur	Hartford, CT 06183 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/-		
•	VP Circle Le			Travelers Indemnity Co)		
	Date 12/27/2024	Full name of contributor ou McBrien, Peter Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$41.63
		Hartford, CT 06183					
	Principal occu VP Circle Le	pation / Job title (See Instructions) ad		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095					
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$39.62
		pation / Job title (See Instructions) rod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/27/2024	Full name of contributor ou McPadden, Michael Contributor address; City; State; Zi Windsor, CT 06095	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.62
		pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2 2		l				

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 76/131 Rpt: 79/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Commit	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state McPadden, Michael	PAC (ID#:)	7	Amount of Contribution (\$)	\$39.62
_		Windsor, CT 06095			Ĺ		
8		pation / Job title (See Instructions) Prod Dev&Strat	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/27/2024	Full name of contributor out-of-state McPadden, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$39.62
		Windsor, CT 06095	•				
		pation / Job title (See Instructions) Prod Dev&Strat		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state McPhee, Scott Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	McPhee, Scott	PAC (ID#:			Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$39.62
	•	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 77/131 Rpt: 80/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	Γ-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	5 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$39.62
0	Dringing agg	Hartford, CT 06183	ام	Employer (See Instructions	<u>,,</u>		
0		pation / Job title (See Instructions) al & Analytics	9	Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor)		Amount of Contribution (\$)	\$39.62
	<u> </u>	Hartford, CT 06183		5 1 (0 1 1 1	Ĺ		
	-	pation / Job title (See Instructions) al & Analytics		Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor	ID#:		•	Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Melillo, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Group Gene	pation / Job title (See Instructions) ral Counsel		Employer (See Instructions Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 78/131 Rpt: 81/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
	Dringing agg	Hartford, CT 06183	اه	Employer (See Instructions	<u>''</u>		
8	Group Gene	pation / Job title (See Instructions) ral Counsel	9	Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	S)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code	ID#:		•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (I Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) el Gov't Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	vi a Courisi			Travelers indefinity CO			

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 79/131 Rpt: 82/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 5 Full name of contributor out-of-state PAC Miletti, John 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$75.00
_	Deinsinal sass	Hartford, CT 06183		Franks or (Cooks to the street in the			
8		pation / Job title (See Instructions) el Gov't Relations	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC Miley, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$130.77
	Dringing! aggs	Hartford, CT 06183		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC Miley, Robert Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$130.77
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	`)		Amount of Contribution (\$)	\$130.77
	·	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$130.77
	·	pation / Job title (See Instructions) Counsel-SRG		Employer (See Instructions Travelers Indemnity Co	5)		
	Stoup Gent			voicio indominity CO			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forn	m.	1	Total pages Schedule A1: Sch: 80/131 Rpt: 83/138	
2	FILER NAME	rs Companies, Inc. Political Action Commit	ttee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	-	e PAC (ID#:)	7	Amount of Contribution (\$)	\$130.77
_		Hartford, CT 06183			<u>_</u>		
8		pation / Job title (See Instructions) Counsel-SRG	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Mills, Timothy				Amount of Contribution (\$)	\$61.15
	Dringing Lagra	Centennial, CO 80112		Franks var (Caa kastu atiana	<u></u>		
	RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state Mills, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
	Principal occu RVP SRG	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Mills, Timothy				Amount of Contribution (\$)	\$61.15
	Principal occu	Centennial, CO 80112 pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/13/2024	Mills, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$61.15
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	RVP SRG	panon / ood and (ood mandenons)		Travelers Indemnity Co	•)		
			•				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	. Total pages Schedule A1: Sch: 81/131 Rpt: 84/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	<u> </u>		00087159	
4	Date 12/27/2024	5 Full name of contributor Mills, Timothy6 Contributor address; City; S	out-of-state PAC (ID#:) 7	' Amount of Contribution (\$)	\$61.15
		Centennial, CO 80112					
8	Principal occu RVP SRG	pation / Job title (See Instructions	(5)	Employer (See In Travelers Inder			
	RVP SRG			Travelers inder	TITILLY CO		
	Date 11/01/2024	Full name of contributor Minoux, Marshall Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
		pation / Job title (See Instructions	5)	Employer (See In			
	Reg'l UW Of	ficer Bond & SI		Travelers Inder	nnity Co		
	Date 11/15/2024	Full name of contributor Minoux, Marshall Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$22.60
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See In	I_ nstructions)		
		ficer Bond & SI	,	Travelers Inder			
	Date 11/27/2024	Full name of contributor Minoux, Marshall Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$22.60
	•	pation / Job title (See Instructions ficer Bond & SI	5)	Employer (See In Travelers Inder			
	Date 12/13/2024	Full name of contributor Minoux, Marshall Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.60
		pation / Job title (See Instructions	5)	Employer (See In			
	Reg'l UW Of	ficer Bond & SI		Travelers Inder	nnity Co		

	MONEI	ARY POLITICAL CONTRIBUT	HON	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 82/131 Rpt: 85/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC))		00087159	
4	Date 12/27/2024	 Full name of contributor	ID#:		7	Amount of Contribution (\$)	\$22.60
_		Hartford, CT 06183	- 1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Regi UW Of	ficer Bond & SI		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$100.96
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$100.96
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
	VP Product N			Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183	ID#:)		Amount of Contribution (\$)	\$100.96
	Principal occu VP Product N	pation / Job title (See Instructions) Manager I-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Montgomery-Baisden, Elaine Contributor address; City; State; Zip Code Hartford, CT 06183	I)		Amount of Contribution (\$)	\$100.96
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Product I	Manager I-PI		Travelers Indemnity Co			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 83/131 Rpt: 86/138	
2	FILER NAME				3	•	n Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		00087159	
4	Date 12/27/2024	5 Full name of contributor)	7	Amount of Contribution (\$)	\$100.96
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions			
Ŭ	VP Product I		ľ	Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor [Morgan, Lisa Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor [Morgan, Lisa Contributor address; City; Stat	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
		onst Energy Marine		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Morgan, Lisa Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Morgan, Lisa Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Pres Co	onst Energy Marine		Travelers Indemnity Co			

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 84/131 Rpt: 87/138	
2	FILER NAME					3	•	r Filers)
	The Traveler	's Companies, Inc. Political A	ction Committee (T-PA	(C)			00087159	
4	Date 12/27/2024	5 Full name of contributor Morgan, Lisa6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$75.00
		Hartford, CT 06183						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	;)		
		onst Energy Marine	,		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183						
		pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	2VP Data Ma	anagement			Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.88
		Hartford, CT 06183						
	Principal occu	I pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u>		
	2VP Data Ma	anagement			Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$42.88
	•	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	2VP Data Ma	anagement			Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Mouthaan, Lisa Contributor address; City; Si Hartford, CT 06183	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$42.88
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	2VP Data Ma	anagement			Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 85/131 Rpt: 88/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 5 Full name of contributor out-of-state PAC (II Mouthaan, Lisa 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$42.88
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
0	2VP Data Ma			Travelers Indemnity Co	P)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$70.00
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$70.00
	D: : 1	Hartford, CT 06183			<u>L</u>		
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions) ophe Risk Mgmt		Employer (See Instructions Travelers Indemnity Co	<u>l</u> s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (II Nelson, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$70.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Catastr	ophe Risk Mgmt		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 86/131 Rpt: 89/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/27/2024	 5 Full name of contributor out-of-state PAG Nelson, Eric 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$70.00
_	<u> </u>	Hartford, CT 06183	la		<u></u>		
8	•	pation / Job title (See Instructions) ophe Risk Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAG Nordquist, Eric Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Hartford, CT 06183		Franks von (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Nordquist, Eric Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Hartford, CT 06183					
		pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/27/2024	Full name of contributor out-of-state PAG Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$115.38
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAG Nordquist, Eric Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$115.38
	•	pation / Job title (See Instructions) Small Comml & BI BC		Employer (See Instructions Travelers Indemnity Co	5)		
		5a 66 & 51.50					

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 87/131 Rpt: 90/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC)		00087159	
4	Date 12/27/2024	5 Full name of contributor Nordquist, Eric6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$115.38
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
		Small Comml & BI BC		Travelers Indemnity Co	,		
	Doto	Full name of contributor	7		Γ	Amount of Contribution (ft)	
	Date 12/27/2024	Full name of contributor O'Leary, Robert Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$111.49
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Real Esta	ate II		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Olson, Mark Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$72.12
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	2VP Exec Li	ability		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Olson, Mark Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$72.12
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Exec Li	adility		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Colson, Mark Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$72.12
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Exec Li	ability		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 88/131 Rpt: 91/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Comm	ittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/01/2024	Pascale, Christopher	te PAC (ID#:		7	Amount of Contribution (\$)	\$43.65
_	<u> </u>	Alpharetta, GA 30005	la la				
8	RVP Claim	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-state Pascale, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/27/2024	Full name of contributor out-of-state Pascale, Christopher Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$43.65
		Alpharetta, GA 30005					
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/13/2024	Pascale, Christopher				Amount of Contribution (\$)	\$43.65
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/27/2024	Full name of contributor out-of-sta Pascale, Christopher Contributor address; City; State; Zip Code Alpharetta, GA 30005	te PAC (ID#:)		Amount of Contribution (\$)	\$43.65
	Principal occu RVP Claim	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 89/131 Rpt: 92/138	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)			00087159	
4	Date 11/27/2024	 Full name of contributor out-of-Paul, Denice Contributor address; City; State; Zip C 	state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$63.46
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		nal Effectiveness		Travelers Indemnity Co	,		
	·					Amount of Contribution (#)	
	Date	_ · · · · · · · · · · · · · · · · · · ·	state PAC (ID#:)		Amount of Contribution (\$)	\$63.46
	12/13/2024	Paul, Denice					Ф03.40
		Contributor address; City; State; Zip C	ode				
	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
		nal Effectiveness		Travelers Indemnity Co	,		
	Date			,		Amount of Contribution (#)	
		Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	\$63.46
	12/27/2024	, , , , , , , , , , , , , , , , , , ,					Φ03.40
		Contributor address; City; State; Zip C	ode				
		Hartford, CT 06183					
	Dringinal accu	pation / Job title (See Instructions)	1	Employer (See Instructions	·/		
	•	nal Effectiveness		Travelers Indemnity Co	')		
	vr Operation			Travelers indefinity Co			
	Date	-	state PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2024	Pearson, John					\$83.37
		Contributor address; City; State; Zip C	ode				
		West Hartford, CT 06117					
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Reg'l UW Of	ficer Bond & SI		Travelers Indemnity Co			
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Pearson, John					\$83.37
		Contributor address; City; State; Zip C	ode				
		West Hartford, CT 06117					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		ficer Bond & SI		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 90/131 Rpt: 93/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/27/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.37
_	5	West Hartford, CT 06117			Ĺ		
8		pation / Job title (See Instructions) ficer Bond & SI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor Contributor Contributor address; City; State; 2				Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183					
	2VP Strategi	pation / Job title (See Instructions) c Sourcing		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$39.62
		Hartford, CT 06183			<u> </u>		
	2VP Strategi	pation / Job title (See Instructions) c Sourcing		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.62
	Principal occu 2VP Strategi	pation / Job title (See Instructions) c Sourcing		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor Contributor Contributor address; City; State; 2 Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	2VP Property	y Laige Luss		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 91/131 Rpt: 94/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor out-of-state in penn, Timothy Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$38.08
_		Hartford, CT 06183	la la		<u></u>		
8	•	pation / Job title (See Instructions) y Large Loss	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state in Penn, Timothy Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$38.08
	Dringing agg	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	•	y Large Loss		Travelers Indemnity Co	·)		
	Date 12/13/2024	Full name of contributor out-of-state in the penn, Timothy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.08
		Hartford, CT 06183					
		pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state Penn, Timothy Contributor address; City; State; Zip Code Hartford, CT 06183	-)	•	Amount of Contribution (\$)	\$38.08
	•	pation / Job title (See Instructions) y Large Loss		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state for Pfinsgraff, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)	•	Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	71 Country W	100 1 100000 21 200	I	voicio indefinity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 92/131 Rpt: 95/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	Pfinsgraff, Martin	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co	')		
	Date 12/27/2024	Full name of contributor out-of Pfinsgraff, Martin Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$125.00
	Dringing aggr	Hartford, CT 06183 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
		ide Product BI BCO		Travelers Indemnity Co	')		
	Date 11/01/2024	Full name of contributor out-of Porcello, Suzanne Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/15/2024	Porcello, Suzanne	f-state PAC (ID#:			Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Porcello, Suzanne	f-state PAC (ID#:			Amount of Contribution (\$)	\$31.73
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 93/131 Rpt: 96/138	
2	FILER NAME The Traveler	's Companies, Inc. Political Action Committee (T-	PAC)	1	3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (IE Porcello, Suzanne 6 Contributor address; City; State; Zip Code	D#:		7	Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
8	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor out-of-state PAC (IE Porcello, Suzanne Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$31.73
		Hartford, CT 06183					
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of-state PAC (IE Quinn, Robert Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$37.12
		Morristown, NJ 07960					
	Principal occu Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	-		
	Date 11/15/2024	Full name of contributor out-of-state PAC (IE Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (IE Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960			•	Amount of Contribution (\$)	\$37.12
	Principal occu Sales Directo	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 94/131 Rpt: 97/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	r Filers)
4	Date 12/13/2024	5 Full name of contributor ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$37.12
		Morristown, NJ 07960					
8	Principal occu Sales Directo			Employer (See Instructions Travelers Indemnity Co)		
	Date 12/27/2024	Full name of contributor on Quinn, Robert Contributor address; City; State; Zi				Amount of Contribution (\$)	\$37.12
	Deinsinal assu	Morristown, NJ 07960		Franksian (Cookarations	_		
	Sales Directo	pation / Job title (See Instructions) or Select		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou Rackliffe, Heather Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032					
	•	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/15/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$26.73
	•	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor on Rackliffe, Heather Contributor address; City; State; Ziven Farmington, CT 06032	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.73
		pation / Job title (See Instructions)		Employer (See Instructions)		
	or. bus. sys	tems Consultant		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 95/131 Rpt: 98/138	
2	FILER NAME The Traveler	s Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024		-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.73
		Farmington, CT 06032	•				
8		pation / Job title (See Instructions) tems Consultant	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of Rackliffe, Heather Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$26.73
	Deinsinal assu	Farmington, CT 06032		Frankrian (Can Instructions	<u></u>		
	•	pation / Job title (See Instructions) tems Consultant		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of Ramalho, Sean Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$122.60
		Melville, NY 11747					
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/15/2024	Ramalho, Sean	-state PAC (ID#:			Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Ramalho, Sean	-state PAC (ID#:)		Amount of Contribution (\$)	\$122.60
	Principal occu BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	2. Flora viole		<u> </u>				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 96/131 Rpt: 99/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 12/13/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$122.60
_	Delicalization	Melville, NY 11747	In .	England (On the book of	_		
8	BI Field Vice	pation / Job title (See Instructions) President		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$122.60
	Principal occu	Melville, NY 11747 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	BI Field Vice	· · · · · · · · · · · · · · · · · · ·		Travelers Indemnity Co	,		
	Date 11/01/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.69
		Lancaster, PA 17601					
		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 11/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$47.69
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor CRawlings, Stacey Contributor address; City; State; 2 Lancaster, PA 17601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.69
	•	pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	TATE OF STREET	2 Di i iu 313 & D31		Travelers muchinity CO			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 97/131 Rpt: 100/138	
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/13/2024	5 Full name of contributor ou Rawlings, Stacey	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$47.69
_	5	Lancaster, PA 17601		5 1 (0 1 i ii	_		
8		pation / Job title (See Instructions) & BI Fld Sls & Dst		Employer (See Instructions Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor ou Rawlings, Stacey Contributor address; City; State; Zi				Amount of Contribution (\$)	\$47.69
	Dringing con	Lancaster, PA 17601		Employer (See Instructions			
	•	pation / Job title (See Instructions) & BI Fld SIs & Dst		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor ou Reagin, Tammy Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$24.98
		Richmond, VA 23233					
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor ou Reagin, Tammy Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/27/2024	Full name of contributor ou Reagin, Tammy Contributor address; City; State; Zip				Amount of Contribution (\$)	\$24.98
	Principal occu Dir Cash Co	pation / Job title (See Instructions) ntrol		Employer (See Instructions Travelers Indemnity Co	5)		
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 98/131 Rpt: 101/138	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Traveler	rs Companies, Inc. Political A	ction Committee (T-PAC	<u>(</u>	L	00087159	
4	Date 12/13/2024	5 Full name of contributor Reagin, Tammy6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$24.98
		Richmond, VA 23233					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	رڊ —		
Ü	Dir Cash Co		"	Travelers Indemnity Co			
			<u> </u>	Travoloro indominity do	Т		
	Date 12/27/2024	Full name of contributor Reagin, Tammy Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.98
		Richmond, VA 23233					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Dir Cash Co	ntrol		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/01/2024	Reimer, Raymond	_				\$50.00
		Contributor address; City; Si Hartford, CT 06183	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	•	Actuary Bond & SI	,	Travelers Indemnity Co	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	11/15/2024	Reimer, Raymond Contributor address; City; Si Hartford, CT 06183				(4)	\$50.00
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Reimer, Raymond					\$50.00
		Contributor address; City; Si Hartford, CT 06183	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 99/131 Rpt: 102/138	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Act	ion Committee (T-PAC)		00087159	
4	Date 12/27/2024	Full name of contributor [Reimer, RaymondContributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$50.00
	Dringing Loop	Hartford, CT 06183	la	Fanda au (Caa la structiona			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	SVP & Chief	Actuary Bond & SI		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor [Revett, Cara Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$134.62
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Audit - O	p/Fin		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor [Revett, Cara Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$134.62
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Audit - O			Travelers Indemnity Co	•		
	Date 12/27/2024	Full name of contributor [Revett, Cara Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$134.62
	Principal occu VP Audit - O	pation / Job title (See Instructions) p/Fin		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor Roen, Erik Contributor address; City; Sta Hartford, CT 06183	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$45.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP CIO & E	Business Intel		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 100/131 Rpt: 103/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	 Full name of contributor out-of-state PAC (Roen, Erik Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$45.67
_	Dringing! aggs	Hartford, CT 06183	ام	Employer (Coo Instructions	<u></u>		
0		pation / Job title (See Instructions) Business Intel	9	Employer (See Instructions Travelers Indemnity Co	»)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (Roen, Erik Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.67
	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		Business Intel		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Roen, Erik Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$45.67
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$45.67
	'	pation / Job title (See Instructions) Business Intel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (Rohlfing, James Contributor address; City; State; Zip Code Morristown, NJ 07960)		Amount of Contribution (\$)	\$40.77
	·	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 101/131 Rpt: 104/138	8
2	FILER NAME The Traveler	s Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	Rohlfing, James	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.77
_	Dein sin al annu	Morristown, NJ 07960	lo-	Farabasa (Osabasa tanati	<u></u>		
8	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of Rohlfing, James Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$40.77
	Deinsinal assu	Morristown, NJ 07960		Frankrian (Cook bathurtian	<u></u>		
	Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of Rohlfing, James Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$40.77
		Morristown, NJ 07960					
		pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Rohlfing, James				Amount of Contribution (\$)	\$40.77
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel Claim		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of Rowland, David Contributor address; City; State; Zip C	F-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
		S. M. Council Cito	<u> </u>	voicio indennity 00			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 102/131 Rpt: 105/138	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action	on Committee (T-PAC)			00087159	
4	Date 11/15/2024	5 Full name of contributor Rowland, David6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		St. Paul, MN 55102					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Rowland, David Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Deinsinal	St. Paul, MN 55102		Faralana (On a lantanation	_		
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions	5)		
	EVP CO-CIII	ei investment Onci		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Rowland, David Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$150.00
		St. Paul, MN 55102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	EVP Co-Chie	ef Investment Offcr		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor Ryczek, Ellen Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$71.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	2VP Bond &	SI Claim Ops		Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor Ryczek, Ellen Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$71.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	2VP Bond &	SI Claim Ops		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 103/131 Rpt: 106/1:	38
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T	-PAC)		3	Filer ID (Ethics Commission 00087159	on Filers)
4	Date 11/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$71.31
_		Hartford, CT 06183			_		
8	•	pation / Job title (See Instructions) SI Claim Ops	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (I Ryczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$71.31
	Deinsinal	Hartford, CT 06183		Faralas and Constructions			
	•	pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (II Ryczek, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$71.31
		Hartford, CT 06183					
		pation / Job title (See Instructions) SI Claim Ops		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (II Schnitzer, Alan Contributor address; City; State; Zip Code New York City, NY 10017				Amount of Contribution (\$)	\$5,000.00
	Principal occu Chairman ar	pation / Job title (See Instructions) nd CEO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (II Scoll, Matthew Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions) Gen Counsel-Claim		Employer (See Instructions Travelers Indemnity Co	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 104/131 Rpt: 107/138	3
2	FILER NAME				3	`	Filers)
	The Traveler	rs Companies, Inc. Political Acti	on Committee (T-PAC	3)	L	00087159	
4	Date 11/15/2024	Full name of contributor Scoll, Matthew Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u>. </u>		
		Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor Scoll, Matthew Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor Scoll, Matthew Contributor address; City; Stat	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.48
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 12/27/2024	Full name of contributor Scoll, Matthew Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.48
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Assoc Group	Gen Counsel-Claim		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor Scudieri, Jonathan Contributor address; City; Stat Hartford, CT 06183	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Ent Mark	et Research		Travelers Indemnity Co			
			·				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 105/131 Rpt: 108/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	5 Full name of contributor out Scudieri, Jonathan	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$52.88
_	Dringing age	Hartford, CT 06183	lo.	Employer (Coo Instructions	<u>, </u>		
8	VP Ent Mark	pation / Job title (See Instructions) et Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out Scudieri, Jonathan Contributor address; City; State; Zig	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	VP Ent Mark	pation / Job title (See Instructions) tet Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out Scudieri, Jonathan Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
		Hartford, CT 06183					
	Principal occu VP Ent Mark	pation / Job title (See Instructions) eet Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out Scudieri, Jonathan Contributor address; City; State; Zip Hartford, CT 06183	-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.88
	Principal occu VP Ent Mark	pation / Job title (See Instructions) ret Research		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out Seaver, Vincent Contributor address; City; State; Zip Hartford, CT 06183	of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2 5 3 3 3 3		l				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 106/131 Rpt: 109/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (*	T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/15/2024	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$45.77
8	Principal occu VP Operation	Hartford, CT 06183 pation / Job title (See Instructions) ns	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.77
	Principal occu VP Operation	Hartford, CT 06183 pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co			
	Date 12/13/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$45.77
		Hartford, CT 06183 pation / Job title (See Instructions)	\Box	Employer (See Instructions	′		
	VP Operation Date 12/27/2024	Full name of contributor out-of-state PAC Seaver, Vincent Contributor address; City; State; Zip Code		Travelers Indemnity Co	•	Amount of Contribution (\$)	\$45.77
	Principal occu	pation / Job title (See Instructions) ns		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$35.38
	•	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co			
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 107/131 Rpt: 110/136	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor	,		7	Amount of Contribution (\$)	\$35.38
_	Duinning Langu	Hartford, CT 06183	10	Franks or (Cook batturations			
8		pation / Job title (See Instructions) od Dir PI Marine	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state F Shasha, Todd Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$35.38
	Dringing aggr	Hartford, CT 06183		Employer (See Instructions			
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor out-of-state F Shasha, Todd Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$35.38
		Hartford, CT 06183					
	·	pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Full name of contributor out-of-state F Shasha, Todd Contributor address; City; State; Zip Code Hartford, CT 06183				Amount of Contribution (\$)	\$35.38
		pation / Job title (See Instructions) od Dir PI Marine		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor out-of-state F Smith, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc	i)		

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 108/131 Rpt: 111/13	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Traveler	rs Companies, Inc. Political Action Committee (T-PA	(C))		00087159	
4	Date 11/15/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
		novation Officer	ľ	TCI Global Services Inc			
_					_	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#200 22
	12/13/2024	Smith, Kevin					\$208.33
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u>-</u> -		
	EVP Chief In	novation Officer		TCI Global Services Inc			
_	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Г	Amount of Contribution (\$)	
	12/27/2024	Smith, Kevin		·		(,)	\$208.33
		Contributor address; City; State; Zip Code					
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	EVP Chief In	novation Officer		TCI Global Services Inc			
_	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Г	Amount of Contribution (\$)	
	11/01/2024	Smith, Richard		·		(,)	\$85.10
	,,	Contributor address; City; State; Zip Code					400.20
		Continuator address, City, State, Zip Code					
		Saint Croix Falls, WI 54024					
_	Princinal occu	pation / Job title (See Instructions)	Г	Employer (See Instructions	:) 		
	•	ent-Field Mgmt		Travelers Indemnity Co	,,		
_			<u> </u>	Travelere indenting Co	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	405.40
	11/15/2024	Smith, Richard					\$85.10
		Contributor address; City; State; Zip Code					
		Saint Croix Falls, WI 54024	_				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regl Preside	ent-Field Mgmt		Travelers Indemnity Co			
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 109/131 Rpt: 112/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee	(T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/27/2024	 Full name of contributor out-of-state PAG Smith, Richard Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$85.10
_	Dringing age	Saint Croix Falls, WI 54024	- 10	Employer (Co.) Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ent-Field Mgmt	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAG Smith, Richard Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$85.10
	Principal occu	Saint Croix Falls, WI 54024 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	-	ent-Field Mgmt		Travelers Indemnity Co	,,		
	Date 12/27/2024	Full name of contributor out-of-state PAG Smith, Richard Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$28.37
		Saint Croix Falls, WI 54024					
		pation / Job title (See Instructions) ent-Field Mgmt		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAG Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183)	•	Amount of Contribution (\$)	\$35.96
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Sokolowski, Colleen Contributor address; City; State; Zip Code Hartford, CT 06183	C (ID#:)	•	Amount of Contribution (\$)	\$35.96
	Principal occu	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 110/131 Rpt: 113/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/27/2024	5 Full name of contributor out Sokolowski, Colleen	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.96
8	Dringinal occu	Hartford, CT 06183 pation / Job title (See Instructions)	lo lo	Employer (See Instructions	·/-		
0	2VP Account			Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor out Sokolowski, Colleen Contributor address; City; State; Zig	-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out Sokolowski, Colleen Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.96
		Hartford, CT 06183					
	Principal occu 2VP Account	pation / Job title (See Instructions) ting		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out Spaeth, Thomas Contributor address; City; State; Zip St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) : Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out Spaeth, Thomas Contributor address; City; State; Zip St. Paul, MN 55102				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) : Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	vr rixea inc	. FOLLIUIIO IVIGI		mavelers indefiniting CO			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 111/131 Rpt: 114/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	St. Paul, MN 55102	la.	Frankrije (Cook kostrustions			
8		pation / Job title (See Instructions) Portfolio Mgr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (IE Spaeth, Thomas Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$75.00
	Dringing agg	St. Paul, MN 55102		Employer (See Instructions	<u>,,</u>		
	•	pation / Job title (See Instructions) Portfolio Mgr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (IE Spohn, Mark Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$72.12
	Deinsinal assu	Walnut Creek, CA 94598		Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) ercial Accounts		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/13/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$72.12
	•	Walnut Creek, CA 94598 pation / Job title (See Instructions) ercial Accounts		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (IE Spohn, Mark Contributor address; City; State; Zip Code Walnut Creek, CA 94598				Amount of Contribution (\$)	\$72.12
	•	pation / Job title (See Instructions) ercial Accounts		Employer (See Instructions Travelers Indemnity Co	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 112/131 Rpt: 115/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action (Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/01/2024	Stepanishen, Kent	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
0	Dringing! goog	Hartford, CT 06183 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/		
0	VP BI Prope	. , ,		Travelers Indemnity Co	•)		
	Date 11/15/2024	Full name of contributor of Stepanishen, Kent Contributor address; City; State; Z				Amount of Contribution (\$)	\$35.00
	Dringing age	Hartford, CT 06183		Employer (Coo Instructions	<u></u>		
	VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor on Stepanishen, Kent Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		Hartford, CT 06183					
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor of Stepanishen, Kent Contributor address; City; State; Z Hartford, CT 06183	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu VP BI Prope	pation / Job title (See Instructions) rty UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor of Suda, Gerard Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$39.62
	Principal occu UW Officer N	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	2.1. 000.1		I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 113/131 Rpt: 116/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)	3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$39.62
_	<u> </u>	Morristown, NJ 07960				
8	UW Officer N	ipation / Job title (See Instructions) Nat'l Accts	9 Employer (See Instructions Travelers Indemnity Co)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$39.62
	Dringinal occu	Morristown, NJ 07960 upation / Job title (See Instructions)	Employer (See Instructions			
	UW Officer N		Travelers Indemnity Co)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.62
		Morristown, NJ 07960				
	Principal occu UW Officer N	ipation / Job title (See Instructions) Nat'l Accts	Employer (See Instructions Travelers Indemnity Co)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_ Suda, Gerard Contributor address; City; State; Zip Code Morristown, NJ 07960			Amount of Contribution (\$)	\$39.62
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Teitelman, David Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$45.00
	Principal occu Managing C	upation / Job title (See Instructions) ounsel	Employer (See Instructions Travelers Indemnity Co)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 114/131 Rpt: 117/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Full name of contributor	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$45.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	او	Employer (See Instructions	;) 		
	Managing Co		9	Travelers Indemnity Co	•)		
	Date 11/27/2024	Full name of contributor out-of- Teitelman, David Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of- Teitelman, David Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$45.00
		Hartford, CT 06183					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Teitelman, David	-state PAC (ID#:)		Amount of Contribution (\$)	\$45.00
	Principal occu Managing Co	pation / Job title (See Instructions) Dunsel		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of- Tetreault, Michael Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$82.36
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	V. Bust 100	COS ENGLYTISS GVV		voicio indominity CO			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 115/131 Rpt: 118/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Tetreault, Michael	-state PAC (ID#:		7	Amount of Contribution (\$)	\$89.42
0	Dringing coou	Hartford, CT 06183	lo.	Employer (See Instructions	_		
8		pation / Job title (See Instructions) cess Effctvnss UW	9	Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/27/2024	Full name of contributor out-of- Tetreault, Michael Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$89.42
	Delicalization	Hartford, CT 06183	1	Farabasa (Osabasa tanati	Ĺ		
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of- Tetreault, Michael Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$89.42
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Tetreault, Michael	-state PAC (ID#: ode			Amount of Contribution (\$)	\$89.42
	•	pation / Job title (See Instructions) cess Effctvnss UW		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/27/2024	Tiefel, Alexander	-state PAC (ID#:			Amount of Contribution (\$)	\$70.10
	Principal occu National Acc	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	. addition 7 to	outile vi					

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this forr	m.	1	Total pages Schedule A1: Sch: 116/131 Rpt: 119/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committ	tee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 12/13/2024	 Full name of contributor out-of-state out-of-state out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	\$23.37
_		Centennial, CO 80112	la la	5 1 (0 1 : :	<u></u>		
8	National Acc	pation / Job title (See Instructions) counts VP	9	Employer (See Instructions Travelers Indemnity Co	s) 		
	Date 12/27/2024	Full name of contributor out-of-state Tiefel, Alexander Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$23.37
		Centennial, CO 80112			<u></u>		
	National Acc	pation / Job title (See Instructions) counts VP		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state Tiffany, Toby Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$70.67
		Centennial, CO 80112					
	Principal occu RVP PL	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Tiffany, Toby	PAC (ID#:			Amount of Contribution (\$)	\$70.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 12/27/2024	Full name of contributor out-of-state Tiffany, Toby Contributor address; City; State; Zip Code Centennial, CO 80112)		Amount of Contribution (\$)	\$70.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				· · · · · · · · · · · · · · · · · · ·			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 117/131 Rpt: 120/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/01/2024	Toczydlowski, Gregory	tate PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
_	Deinainal accu	Hartford, CT 06183	lo-	Francisco (Con Instructions			
8		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co			
	Date 11/15/2024	Full name of contributor out-of-s Toczydlowski, Gregory Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$208.33
	Deirectional	Hartford, CT 06183	1	Farabasa (Osabasa tanati	Ĺ		
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/13/2024	Full name of contributor out-of-s Toczydlowski, Gregory Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$208.33
		Hartford, CT 06183					
		pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Toczydlowski, Gregory)		Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions) Business Insurance		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor out-of-s Torsiello, Anthony Contributor address; City; State; Zip Co Hartford, CT 06183	tate PAC (ID#:			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	;)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 118/131 Rpt: 121/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action	n Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Torsiello, Anthony	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$46.15
_	Deinsinal assu	Hartford, CT 06183	lo la	Frankriger (Cookington)	_		
8	VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 11/27/2024	Full name of contributor Torsiello, Anthony Contributor address; City; State;				Amount of Contribution (\$)	\$46.15
	D: : 1	Hartford, CT 06183	<u> </u>	5 1 (0 1 1 1	_		
	VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor Torsiello, Anthony Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$46.15
		Hartford, CT 06183					
	Principal occu VP Controlle	pation / Job title (See Instructions) er		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Full name of contributor Torsiello, Anthony Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$46.15
	Principal occu VP Controlle	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor Traver, William Contributor address; City; State; Hartford, CT 06183	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.15
		pation / Job title (See Instructions) ide Product BI BCO		Employer (See Instructions Travelers Indemnity Co)		
	300/10/10						

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 119/131 Rpt: 122/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-P	AC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$26.15
0	Dringing agg	Hartford, CT 06183	٦,	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) ride Product BI BCO	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.15
	<u> </u>	Hartford, CT 06183			<u></u>		
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code	t:			Amount of Contribution (\$)	\$26.15
		Hartford, CT 06183					
		pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID# Traver, William Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$26.15
	•	pation / Job title (See Instructions) ride Product BI BCO		Employer (See Instructions Travelers Indemnity Co	<u>l </u>		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID# Turcotte, Edward Contributor address; City; State; Zip Code Hartford, CT 06183	t:			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 120/131 Rpt: 123/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action C	Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	Turcotte, Edward	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$42.31
0	Dringing oggu	Hartford, CT 06183	lo.	Employer (See Instructions			
8	2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/27/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$42.31
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$42.31
		Hartford, CT 06183					
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Full name of contributor ou Turcotte, Edward Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$42.31
	Principal occu 2VP UW BI	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u>		
	Date 11/01/2024	Full name of contributor ou Turner, Janis Contributor address; City; State; Zi Hartford, CT 06183	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$93.03
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	;)		
		.					

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 121/131 Rpt: 124/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-I	PAC)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$93.03
_	Deinoinal age	Hartford, CT 06183	ا ا	Frankrije (Cook kostrustions			
8	•	pation / Job title (See Instructions) g & Web Ops-PI	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID Turner, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.03
	Dringing agg	Hartford, CT 06183		Employer (See Instructions	<u>,,</u>		
	•	pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	>)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID Turner, Janis Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$93.03
		Hartford, CT 06183					
		pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$93.03
	•	Partford, CT 06183 pation / Job title (See Instructions) g & Web Ops-PI		Employer (See Instructions Travelers Indemnity Co	<u> </u> s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID Ungaro, Michael Contributor address; City; State; Zip Code Hartford, CT 06183)		Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
				,			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 122/131 Rpt: 125/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Com	mittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$24.81
_		Hartford, CT 06183					
8	Principal occu Sr Counsel	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	<u></u>		
	Date 11/27/2024	Full name of contributor out-of-s Ungaro, Michael Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-s Ungaro, Michael Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$24.81
		Hartford, CT 06183					
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Ungaro, Michael				Amount of Contribution (\$)	\$24.81
	Principal occu Sr Counsel	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	<u> </u> 5)		
	Date 11/01/2024	Full name of contributor out-of-s Verfurth, Charles Contributor address; City; State; Zip Co Hartford, CT 06183	tate PAC (ID#:			Amount of Contribution (\$)	\$105.29
	·	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 123/131 Rpt: 126/138	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Actio	on Committee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	5 Full name of contributor Verfurth, Charles 6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$105.29
_	Deirectional	Hartford, CT 06183	To To	Facilities (On Institution			
8		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor Verfurth, Charles Contributor address; City; State				Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183	1				
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor Verfurth, Charles Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$105.29
		Hartford, CT 06183					
		pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Full name of contributor Verfurth, Charles Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$105.29
	•	pation / Job title (See Instructions) ent Natl Property		Employer (See Instructions Travelers Indemnity Co)		
	Date 11/01/2024	Full name of contributor Welch, Lawrence Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$55.00
	Principal occu VP UW Com	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	i)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 124/131 Rpt: 127/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Cor	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	ı Filers)
4	Date 11/15/2024	·	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	VP UW Com			Travelers Indemnity Co	,		
	Date 11/27/2024	Full name of contributor out-of Welch, Lawrence Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP UW Com			Travelers Indemnity Co	_		
	Date 12/13/2024	Full name of contributor out-of Welch, Lawrence Contributor address; City; State; Zip C	-state PAC (ID#: Code			Amount of Contribution (\$)	\$55.00
		Hartford, CT 06183					
	Principal occu VP UW Com	pation / Job title (See Instructions) nm Accts		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/27/2024	Welch, Lawrence	f-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP UW Com	ım Accts		Travelers Indemnity Co			
	Date 11/01/2024	Full name of contributor out-of Westermeyer, Christopher Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$47.50
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Actuarial	& Analytics II		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 125/131 Rpt: 128/138	3
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (T-PA	C)		3	Filer ID (Ethics Commission 00087159	Filers)
4	Date 11/15/2024	 Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$47.50
_	Dringing agg	St. Paul, MN 55102	_	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) & Analytics II	9	Employer (See Instructions Travelers Indemnity Co			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$47.50
	Dringing agg	St. Paul, MN 55102		Employer (Co.) Instructions	<u></u>		
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$47.50
		St. Paul, MN 55102					
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_ Westermeyer, Christopher Contributor address; City; State; Zip Code St. Paul, MN 55102)	•	Amount of Contribution (\$)	\$47.50
	•	pation / Job title (See Instructions) & Analytics II		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183			•	Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	Sv. Govern	TOTAL TOTAL OTTO					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 126/131 Rpt: 129/13	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Con	nmittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$138.46
•	Principal occu	Hartford, CT 06183 pation / Job title (See Instructions)	۵	Employer (See Instructions	·/-		
•		ment Relations	9	Travelers Indemnity Co	•)		
	Date 11/27/2024	Full name of contributor out-of- Westrick, Glenn Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$138.46
	Dringing agg	Hartford, CT 06183	i	Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	o)		
	Date 12/13/2024	Full name of contributor out-of- Westrick, Glenn Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$138.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Westrick, Glenn)		Amount of Contribution (\$)	\$138.46
	•	pation / Job title (See Instructions) ment Relations		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Woods, Mary	estate PAC (ID#:)		Amount of Contribution (\$)	\$77.88
	•	pation / Job title (See Instructions)		Employer (See Instructions TCI Global Services Inc			
	OVI & OTHER	Cit Cilioci Di	1	. S. Glossa Gervices inc			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 127/131 Rpt: 130/138	3
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Travele	rs Companies, Inc. Political Acti	on Committee (T-PAC)			00087159	
4	Date 11/15/2024	5 Full name of contributor Woods, Mary6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 11/27/2024	Full name of contributor Woods, Mary Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183	1				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 12/13/2024	Full name of contributor Woods, Mary Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$77.88
		Hartford, CT 06183					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 12/27/2024	Full name of contributor Woods, Mary Contributor address; City; State Hartford, CT 06183	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$38.94
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP & Chief	UW Officer BI		TCI Global Services Inc			
	Date 11/01/2024	Full name of contributor Woodward, Joan Contributor address; City; State Washington, DC 20005	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$173.08
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP PublicP	Plcy & Pres TRVInst		Travelers Indemnity Co			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 128/131 Rpt: 131/136	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Co	ommittee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	Woodward, Joan	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$173.08
_	Deinainal accu	Washington, DC 20005	lo-	Faralous (Coo Instructions			
8		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	·)		
	Date 11/27/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$173.08
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	•	Plcy & Pres TRVInst		Travelers Indemnity Co	,		
	Date 12/13/2024	Full name of contributor out-o Woodward, Joan Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
		Washington, DC 20005					
		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	i)		
	Date 12/27/2024	Woodward, Joan	of-state PAC (ID#:)		Amount of Contribution (\$)	\$173.08
		pation / Job title (See Instructions) Plcy & Pres TRVInst		Employer (See Instructions Travelers Indemnity Co	()		
	Date 11/01/2024	Full name of contributor out-on the contributor out-on the contributor address; City; State; Zip on the contributor address; City; City; State; Zip on the contributor address; City; C	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	5)		
	1 9			, J.			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 129/131 Rpt: 132/138	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committee (1	г-РАС)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
	Dringing aggr	Hartford, CT 06183	ام	Employer (See Instructions	<u></u>		
8	VP Property	pation / Job title (See Instructions)	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (Wucherpfennig, James Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (Wucherpfennig, James Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
		Hartford, CT 06183					
	Principal occu VP Property	pation / Job title (See Instructions)		Employer (See Instructions Travelers Indemnity Co	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
		pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017)		Amount of Contribution (\$)	\$211.54
	•	pation / Job title (See Instructions) ef Investment Offcr		Employer (See Instructions Travelers Indemnity Co	5)		
		. , , , , , , , , , , , , , , , , , , ,					

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 130/131 Rpt: 133/136	8
2	FILER NAME The Traveler	rs Companies, Inc. Political Action Committe	ee (T-PAC)		3	Filer ID (Ethics Commission 00087159	n Filers)
4	Date 11/27/2024	 5 Full name of contributor out-of-state F Yin, Daniel 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$134.58
_		New York City, NY 10017	1-	= 1 (0 1 1 1	<u> </u>		
8		pation / Job title (See Instructions) ef Investment Offcr	9	Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/01/2024	Full name of contributor out-of-state F Zielinski, William Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/15/2024	Full name of contributor out-of-state F Zielinski, William Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$38.46
		Hartford, CT 06183					
		pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 11/27/2024	Full name of contributor out-of-state F Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	-			Amount of Contribution (\$)	\$38.46
	•	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
	Date 12/13/2024	Full name of contributor out-of-state F Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	,)		Amount of Contribution (\$)	\$38.46
	·	pation / Job title (See Instructions) t Management PI		Employer (See Instructions Travelers Indemnity Co	5)		
		· management i	1	Tavoloto indominity GO			

MONI	ETARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
The Ins	truction Guide explains how to complete this	form.	1	es Schedule A1: /131 Rpt: 134/138	
	FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)			(Ethics Commission	Filers)
4 Date 12/27/20	5 Full name of contributor out-of-state PAC (ID#:)	0008715 7 Amount of	f Contribution (\$)	\$38.46
	Hartford, CT 06183	9 Employer (See Instructions			
SVP Pro	duct Management PI	Travelers Indemnity Co			

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 135/138 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Travelers Companies, Inc. Political Action Committee (T-PAC) 00087159 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/31/2024 The Travelers Companies, Inc. 1,192.00

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 136/138	The Travelers Companies, Inc. Political Action Committee 00087159
4 Date	5 Payee name
11/15/2024	Bryan Hughes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 450
Expenditure from corporate funds	Minneola, TX 75773
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	To Support Filliary 2020 State Seriale 01 17
O Commission ONII Wife discont	On did to 10 ff as halden game.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/15/2024	Charles Schwertner for Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	To Support Timary 2020 State Schale 3 TX
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/15/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 92007
Ψ2,300.00	1 O Box 32001
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	To Support General 2024 State House 98 TX
Commission ONULY II	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 137/138	The Travelers Companies, Inc. Political Action Committee 00087159
4 Date	5 Payee name
11/15/2024	Texans for Dan Patrick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$20,000.00	PO Box 685085
Expenditure from corporate funds	Austin, TX 78768
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	To Support Filliary 2020 Et. Governor 1X
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/15/2024	Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	445 Cape Henry
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	To Support General 2024 State House 32 TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

TEXT ANNOTATION				
	Sch: 1/1 Rpt: 138/1			
FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)	Filer ID (Ethics Commission Filers) 00087159			
Schedule Cover Sheet	 			
nformation entered by filer as a memo:				
s balance may include other transactions not required to be reported per Ethic pursements during the reporting period total \$15,475.00.	s Advisory Opinion #208. Non-Texas and Federa			
sursements during the reporting period total \$\psi_20_1 = 10.000.				