

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087159	<b>2</b> Total pages filed: 138
<b>3</b> COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/13/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	
	Ms. Lindsay		
	NICKNAME LAST	SUFFIX	
	Frank		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(860)	277-9543	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/27/2024		12/31/2024
<b>11</b> ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)	<b>13 Filer ID</b> (Ethics Commission Filers) 00087159
--	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule F
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 8,312.80
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 70,650.46
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 30,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 181,066.48
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Lindsay Frank  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>18 Filer ID</b> (Ethics Commission Filers) 00087159
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 69,458.46
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,192.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/131 Rpt: 4/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$87.98
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) VP BI Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/131 Rpt: 5/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Columbus, WI 53925	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica <hr/> Contributor address; City; State; Zip Code  Columbus, WI 53925	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/131 Rpt: 6/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		9 Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP UW Nat'l Property		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Lynda	Amount of Contribution (\$) \$70.96
	Contributor address; City; State; Zip Code  Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/131 Rpt: 7/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Lynda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	<b>7</b> Amount of Contribution (\$)  \$70.96
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Lynda <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$70.96
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.23
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/131 Rpt: 8/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	7 Amount of Contribution (\$) \$44.23
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP Financial Analysis		9 Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Financial Analysis		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/131 Rpt: 9/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89113	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/131 Rpt: 10/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) 2VP Regulatory Affairs		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/131 Rpt: 11/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westerly, RI 02891	<b>7</b> Amount of Contribution (\$)  \$167.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Reinsurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Westerly, RI 02891	Amount of Contribution (\$)  \$167.69
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Alexander <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$69.95
Principal occupation / Job title (See Instructions) Business Dev Officer - Brazil		Employer (See Instructions) TCI Global Services Inc
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Alexander <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$69.95
Principal occupation / Job title (See Instructions) Business Dev Officer - Brazil		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/131 Rpt: 12/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Alexander	7 Amount of Contribution (\$) \$69.95
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) Business Dev Officer - Brazil		9 Employer (See Instructions) TCI Global Services Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael	Amount of Contribution (\$) \$42.31
	Contributor address; City; State; Zip Code  Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael	Amount of Contribution (\$) \$42.31
	Contributor address; City; State; Zip Code  Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael	Amount of Contribution (\$) \$42.31
	Contributor address; City; State; Zip Code  Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael	Amount of Contribution (\$) \$42.31
	Contributor address; City; State; Zip Code  Buffalo, NY 14202	
Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/131 Rpt: 13/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buffalo, NY 14202	<b>7</b> Amount of Contribution (\$)  \$42.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/131 Rpt: 14/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$66.35
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.81
<b>Principal occupation / Job title (See Instructions)</b> 2VP Claim Prod Dev&Strat		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.81
<b>Principal occupation / Job title (See Instructions)</b> 2VP Claim Prod Dev&Strat		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.81
<b>Principal occupation / Job title (See Instructions)</b> 2VP Claim Prod Dev&Strat		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.81
<b>Principal occupation / Job title (See Instructions)</b> 2VP Claim Prod Dev&Strat		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/131 Rpt: 15/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura	7 Amount of Contribution (\$) \$39.81
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caputo, Lisa	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  New York City, NY 10017	
Principal occupation / Job title (See Instructions) EVP Mktg Comm & Customer Exp		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 13/131 Rpt: 16/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel	7 Amount of Contribution (\$) \$60.87
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		9 Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel	Amount of Contribution (\$) \$60.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel	Amount of Contribution (\$) \$60.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel	Amount of Contribution (\$) \$60.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel	Amount of Contribution (\$) \$60.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/131 Rpt: 17/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06120	<b>7</b> Amount of Contribution (\$) \$47.12
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert ..... Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert ..... Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert ..... Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert ..... Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$) \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/131 Rpt: 18/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter	<b>7</b> Amount of Contribution (\$)  \$76.92
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Operations - PI & Int'l		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter	Amount of Contribution (\$)  \$76.92
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations - PI & Int'l		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter	Amount of Contribution (\$)  \$76.92
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations - PI & Int'l		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/131 Rpt: 19/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter	Amount of Contribution (\$)  \$40.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter	Amount of Contribution (\$)  \$40.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/131 Rpt: 20/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/131 Rpt: 21/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$109.62
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$87.98
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/131 Rpt: 22/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$87.98
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/131 Rpt: 23/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$48.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20005	<b>Amount of Contribution (\$)</b>  \$82.21
<b>Principal occupation / Job title (See Instructions)</b> VP Gov't Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20005	<b>Amount of Contribution (\$)</b>  \$82.21
<b>Principal occupation / Job title (See Instructions)</b> VP Gov't Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20005	<b>Amount of Contribution (\$)</b>  \$82.21
<b>Principal occupation / Job title (See Instructions)</b> VP Gov't Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20005	<b>Amount of Contribution (\$)</b>  \$26.92
<b>Principal occupation / Job title (See Instructions)</b> VP Gov't Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/131 Rpt: 24/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$82.21
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$26.92
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/131 Rpt: 25/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$82.21
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Executive Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/131 Rpt: 26/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.19
<b>8</b> Principal occupation / Job title (See Instructions) Executive Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$85.10
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 <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) TCI Global Services Inc
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) TCI Global Services Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/131 Rpt: 27/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$29.33</span>
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$29.33</span>
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$29.33</span>
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$29.33</span>
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$) <span style="float:right">\$126.92</span>
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/131 Rpt: 28/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn	<b>7</b> Amount of Contribution (\$) \$126.92
<b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102		
<b>8</b> Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn	Amount of Contribution (\$) \$126.92
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William	Amount of Contribution (\$) \$40.38
Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William	Amount of Contribution (\$) \$40.38
Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William	Amount of Contribution (\$) \$40.38
Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/131 Rpt: 29/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/131 Rpt: 30/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$79.33
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/131 Rpt: 31/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$118.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/131 Rpt: 32/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/131 Rpt: 33/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garten, Cynthia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/131 Rpt: 34/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garten, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$53.85
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Personal Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/131 Rpt: 35/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.56
<b>8</b> Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$45.16
<b>Principal occupation / Job title (See Instructions)</b> VP Human Resources		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$45.16
<b>Principal occupation / Job title (See Instructions)</b> VP Human Resources		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$45.16
<b>Principal occupation / Job title (See Instructions)</b> VP Human Resources		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$45.16
<b>Principal occupation / Job title (See Instructions)</b> VP Human Resources		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/131 Rpt: 36/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth	<b>7</b> Amount of Contribution (\$)  \$45.16
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony	Amount of Contribution (\$)  \$59.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Multinational Practice		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony	Amount of Contribution (\$)  \$59.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Multinational Practice		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles	Amount of Contribution (\$)  \$86.54
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles	Amount of Contribution (\$)  \$92.31
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/131 Rpt: 37/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$144.23
<b>8</b> Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) SVP Pres CAG & CUO Mid Mkt		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/131 Rpt: 38/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	<b>7</b> Amount of Contribution (\$)  \$148.08
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	Amount of Contribution (\$)  \$148.08
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	Amount of Contribution (\$)  \$148.08
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/131 Rpt: 39/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Investor Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/131 Rpt: 40/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$)  \$49.42
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$49.42
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/131 Rpt: 41/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griner, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brookfield, WI 53005	<b>7</b> Amount of Contribution (\$)  \$31.92
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griner, John <hr/> Contributor address; City; State; Zip Code  Brookfield, WI 53005	Amount of Contribution (\$)  \$31.92
Principal occupation / Job title (See Instructions) Sr Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$67.31
Principal occupation / Job title (See Instructions) VP Commercial Surety		Employer (See Instructions) TCI Global Services Inc
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$67.31
Principal occupation / Job title (See Instructions) VP Commercial Surety		Employer (See Instructions) TCI Global Services Inc
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$67.31
Principal occupation / Job title (See Instructions) VP Commercial Surety		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/131 Rpt: 42/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$89.42
<b>8</b> Principal occupation / Job title (See Instructions) National Accounts VP		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/131 Rpt: 43/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.58
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Douglas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.58
Principal occupation / Job title (See Instructions) VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/131 Rpt: 44/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Lead Learning Facilitator		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Lead Learning Facilitator		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/131 Rpt: 45/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haze, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.92
<b>8</b> Principal occupation / Job title (See Instructions) Director Data Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haze, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.92
Principal occupation / Job title (See Instructions) Director Data Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/131 Rpt: 46/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	<b>7</b> Amount of Contribution (\$)  \$38.25
<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081		
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$38.25
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$38.25
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$38.25
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$38.25
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/131 Rpt: 47/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hentnick, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$23.32
<b>8</b> Principal occupation / Job title (See Instructions) VP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hentnick, Donna <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$23.32
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/131 Rpt: 48/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$76.92
<b>8</b> Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP PNP Bond & SI		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/131 Rpt: 49/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	<b>7</b> Amount of Contribution (\$)  \$95.19
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/131 Rpt: 50/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$221.15
<b>8</b> Principal occupation / Job title (See Instructions) EVP&PresMdl MktNatlProp&BI Fld		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Scott <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$110.58
<b>Principal occupation / Job title (See Instructions)</b> EVP&PresMdl MktNatlProp&BI Fld		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> <b>Contributor address; City; State; Zip Code</b>  Blue Bell, PA 19422	<b>Amount of Contribution (\$)</b>  \$60.58
<b>Principal occupation / Job title (See Instructions)</b> BI Field Vice President		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> <b>Contributor address; City; State; Zip Code</b>  Blue Bell, PA 19422	<b>Amount of Contribution (\$)</b>  \$60.58
<b>Principal occupation / Job title (See Instructions)</b> BI Field Vice President		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> <b>Contributor address; City; State; Zip Code</b>  Blue Bell, PA 19422	<b>Amount of Contribution (\$)</b>  \$60.58
<b>Principal occupation / Job title (See Instructions)</b> BI Field Vice President		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/131 Rpt: 51/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David	<b>7</b> Amount of Contribution (\$) \$60.58
<b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David	Amount of Contribution (\$) \$60.58
Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, George	Amount of Contribution (\$) \$38.06
Contributor address; City; State; Zip Code  Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, George	Amount of Contribution (\$) \$38.06
Contributor address; City; State; Zip Code  Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, George	Amount of Contribution (\$) \$38.06
Contributor address; City; State; Zip Code  Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/131 Rpt: 52/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, George	<b>7</b> Amount of Contribution (\$)  \$38.06
<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60601		
<b>8</b> Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, George	Amount of Contribution (\$)  \$38.06
Contributor address; City; State; Zip Code  Chicago, IL 60601		
Principal occupation / Job title (See Instructions) Sr Regional Dir Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horan, William	Amount of Contribution (\$)  \$40.38
Contributor address; City; State; Zip Code  San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horan, William	Amount of Contribution (\$)  \$40.38
Contributor address; City; State; Zip Code  San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horan, William	Amount of Contribution (\$)  \$40.38
Contributor address; City; State; Zip Code  San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/131 Rpt: 53/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horan, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horan, William <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) Catastrophe Claim Field VP		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/131 Rpt: 54/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie	Amount of Contribution (\$) \$55.77
Contributor address; City; State; Zip Code  Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie	Amount of Contribution (\$) \$55.77
Contributor address; City; State; Zip Code  Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie	Amount of Contribution (\$) \$55.77
Contributor address; City; State; Zip Code  Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie	Amount of Contribution (\$) \$55.77
Contributor address; City; State; Zip Code  Charlotte, NC 28226		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/131 Rpt: 55/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28226	<b>7</b> Amount of Contribution (\$)  \$55.77
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/131 Rpt: 56/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ibuzor, Aloy	<b>7</b> Amount of Contribution (\$)  \$27.31
<b>6</b> Contributor address; City; State; Zip Code  Melville, NY 11747		
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ibuzor, Aloy	Amount of Contribution (\$)  \$27.31
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ibuzor, Aloy	Amount of Contribution (\$)  \$27.31
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ibuzor, Aloy	Amount of Contribution (\$)  \$27.31
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ibuzor, Aloy	Amount of Contribution (\$)  \$27.31
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/131 Rpt: 57/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce	Amount of Contribution (\$) \$192.31
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce	Amount of Contribution (\$) \$192.31
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	Amount of Contribution (\$) \$211.54
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/131 Rpt: 58/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	<b>7</b> Amount of Contribution (\$) \$211.54
<b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	Amount of Contribution (\$) \$211.54
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	Amount of Contribution (\$) \$124.99
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert	Amount of Contribution (\$) \$80.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/131 Rpt: 59/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert	<b>7</b> Amount of Contribution (\$)  \$80.77
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert	Amount of Contribution (\$)  \$80.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert	Amount of Contribution (\$)  \$80.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 57/131 Rpt: 60/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Product		9 Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Product		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick	Amount of Contribution (\$) \$211.54
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick	Amount of Contribution (\$) \$211.54
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick	Amount of Contribution (\$) \$211.54
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/131 Rpt: 61/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$124.99
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Enterprise CUO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Patricia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.62
Principal occupation / Job title (See Instructions) VP Complex Claim Liability		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/131 Rpt: 62/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.62
<b>8</b> Principal occupation / Job title (See Instructions) VP Complex Claim Liability		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VP Alternative Invesments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/131 Rpt: 63/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy	<b>7</b> Amount of Contribution (\$)  \$53.85
<b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017		
<b>8</b> Principal occupation / Job title (See Instructions) VP Alternative Invesments		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Tara	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Tara	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Tara	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Tara	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Claim Customer Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/131 Rpt: 64/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Tara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$23.56
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Customer Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/131 Rpt: 65/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klenk, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Mgmt Liability Bond & Spclty		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	Amount of Contribution (\$)  \$28.65
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/131 Rpt: 66/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85050	<b>7</b> Amount of Contribution (\$)  \$28.65
<b>8</b> Principal occupation / Job title (See Instructions) Claim Account Executive		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) VP Risk Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/131 Rpt: 67/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$126.92
<b>8</b> Principal occupation / Job title (See Instructions) VP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/131 Rpt: 68/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney	<b>7</b> Amount of Contribution (\$)  \$86.54
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$81.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$81.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$81.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  St. Louis, MO 63146		
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/131 Rpt: 69/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Louis, MO 63146	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$) \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/131 Rpt: 70/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$40.96
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$148.08
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/131 Rpt: 71/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick	<b>7</b> Amount of Contribution (\$) \$148.08
<b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Corporate Communications		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick	Amount of Contribution (\$) \$148.08
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick	Amount of Contribution (\$) \$148.08
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick	Amount of Contribution (\$) \$148.08
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llompert-Coley, Margarita	Amount of Contribution (\$) \$40.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/131 Rpt: 72/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llompert-Coley, Margarita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Affinity		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llompert-Coley, Margarita <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$40.77
Principal occupation / Job title (See Instructions) 2VP Affinity		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/131 Rpt: 73/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$75.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) VP HD of FI Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$) <span style="float:right">\$75.00</span>
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$) <span style="float:right">\$75.00</span>
Principal occupation / Job title (See Instructions) VP HD of FI Research		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$140.38</span>
Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		Employer (See Instructions) TCI Global Services Inc
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$140.38</span>
Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 71/131 Rpt: 74/138
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, John	7 Amount of Contribution (\$) \$140.38
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		9 Employer (See Instructions) TCI Global Services Inc
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacCallum, Corinne	Amount of Contribution (\$) \$45.58
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP CEM & Lrg Acct Specialist		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacCallum, Corinne	Amount of Contribution (\$) \$45.58
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP CEM & Lrg Acct Specialist		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacCallum, Corinne	Amount of Contribution (\$) \$45.58
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) 2VP CEM & Lrg Acct Specialist		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandelker, Stacy	Amount of Contribution (\$) \$67.79
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/131 Rpt: 75/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$67.79
<b>8</b> Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$67.79
Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/131 Rpt: 76/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannoochahr, Mano <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$57.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannoochahr, Mano <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) SVP Chief Data&Analytics Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/131 Rpt: 77/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP National Markets		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP National Markets		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter	Amount of Contribution (\$)  \$41.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter	Amount of Contribution (\$)  \$41.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter	Amount of Contribution (\$)  \$41.63
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/131 Rpt: 78/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$41.63
<b>8</b> Principal occupation / Job title (See Instructions) VP Circle Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.63
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/131 Rpt: 79/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>6</b> Contributor address; City; State; Zip Code  Windsor, CT 06095		
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Windsor, CT 06095		
Principal occupation / Job title (See Instructions) 2VP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/131 Rpt: 80/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/131 Rpt: 81/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/131 Rpt: 82/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) VP & Counsel Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$130.77
Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/131 Rpt: 83/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$130.77
<b>8</b> Principal occupation / Job title (See Instructions) Group Gen Counsel-SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$61.15
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/131 Rpt: 84/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy	<b>7</b> Amount of Contribution (\$)  \$61.15
<b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112		
<b>8</b> Principal occupation / Job title (See Instructions) RVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minoux, Marshall	Amount of Contribution (\$)  \$22.60
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minoux, Marshall	Amount of Contribution (\$)  \$22.60
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minoux, Marshall	Amount of Contribution (\$)  \$22.60
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minoux, Marshall	Amount of Contribution (\$)  \$22.60
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/131 Rpt: 85/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minoux, Marshall	<b>7</b> Amount of Contribution (\$) \$22.60
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$) \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$) \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$) \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$) \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/131 Rpt: 86/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.96
<b>8</b> Principal occupation / Job title (See Instructions) VP Product Manager I-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/131 Rpt: 87/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) 2VP Data Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/131 Rpt: 88/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.88
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Data Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/131 Rpt: 89/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comml & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) EVP & PresSmall Comml & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$115.38
Principal occupation / Job title (See Instructions) EVP & PresSmall Comml & BI BC		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$115.38
Principal occupation / Job title (See Instructions) EVP & PresSmall Comml & BI BC		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/131 Rpt: 90/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric	<b>7</b> Amount of Contribution (\$)  \$115.38
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & PresSmall Comm & BI BC		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Leary, Robert	Amount of Contribution (\$)  \$111.49
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP Real Estate II		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark	Amount of Contribution (\$)  \$72.12
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Exec Liability		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark	Amount of Contribution (\$)  \$72.12
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Exec Liability		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark	Amount of Contribution (\$)  \$72.12
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) 2VP Exec Liability		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/131 Rpt: 91/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher	<b>7</b> Amount of Contribution (\$) \$43.65
<b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher	Amount of Contribution (\$) \$43.65
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher	Amount of Contribution (\$) \$43.65
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher	Amount of Contribution (\$) \$43.65
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher	Amount of Contribution (\$) \$43.65
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/131 Rpt: 92/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$63.46
<b>8</b> Principal occupation / Job title (See Instructions) VP Operational Effectiveness		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$63.46
Principal occupation / Job title (See Instructions) VP Operational Effectiveness		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$63.46
Principal occupation / Job title (See Instructions) VP Operational Effectiveness		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  West Hartford, CT 06117	Amount of Contribution (\$)  \$83.37
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  West Hartford, CT 06117	Amount of Contribution (\$)  \$83.37
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/131 Rpt: 93/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Hartford, CT 06117	<b>7</b> Amount of Contribution (\$)  \$83.37
<b>8</b> Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Strategic Sourcing		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Strategic Sourcing		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) 2VP Strategic Sourcing		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/131 Rpt: 94/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.08
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Property Large Loss		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.08
Principal occupation / Job title (See Instructions) 2VP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfansgraff, Martin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/131 Rpt: 95/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfinsgraff, Martin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfinsgraff, Martin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/131 Rpt: 96/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$31.73
<b>8</b> Principal occupation / Job title (See Instructions) VP Finance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.73
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$37.12
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/131 Rpt: 97/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert	<b>7</b> Amount of Contribution (\$)  \$37.12
<b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960		
<b>8</b> Principal occupation / Job title (See Instructions) Sales Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert	Amount of Contribution (\$)  \$37.12
Contributor address; City; State; Zip Code  Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rackliffe, Heather	Amount of Contribution (\$)  \$26.73
Contributor address; City; State; Zip Code  Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rackliffe, Heather	Amount of Contribution (\$)  \$26.73
Contributor address; City; State; Zip Code  Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rackliffe, Heather	Amount of Contribution (\$)  \$26.73
Contributor address; City; State; Zip Code  Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/131 Rpt: 98/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rackliffe, Heather	<b>7</b> Amount of Contribution (\$) \$26.73
<b>6</b> Contributor address; City; State; Zip Code  Farmington, CT 06032		
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rackliffe, Heather	Amount of Contribution (\$) \$26.73
Contributor address; City; State; Zip Code  Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Sr. Bus. Systems Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean	Amount of Contribution (\$) \$122.60
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean	Amount of Contribution (\$) \$122.60
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean	Amount of Contribution (\$) \$122.60
Contributor address; City; State; Zip Code  Melville, NY 11747		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/131 Rpt: 99/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melville, NY 11747	<b>7</b> Amount of Contribution (\$)  \$122.60
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  Melville, NY 11747	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/131 Rpt: 100/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17601	<b>7</b> Amount of Contribution (\$)  \$47.69
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$47.69
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagin, Tammy <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23233	Amount of Contribution (\$)  \$24.98
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/131 Rpt: 101/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagin, Tammy	<b>7</b> Amount of Contribution (\$) \$24.98
<b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23233		
<b>8</b> Principal occupation / Job title (See Instructions) Dir Cash Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagin, Tammy	Amount of Contribution (\$) \$24.98
Contributor address; City; State; Zip Code  Richmond, VA 23233		
Principal occupation / Job title (See Instructions) Dir Cash Control		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/131 Rpt: 102/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revett, Cara	Amount of Contribution (\$) \$134.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revett, Cara	Amount of Contribution (\$) \$134.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revett, Cara	Amount of Contribution (\$) \$134.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik	Amount of Contribution (\$) \$45.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/131 Rpt: 103/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.67
<b>8</b> Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.67
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/131 Rpt: 104/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$40.77
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$40.77
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/131 Rpt: 105/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/131 Rpt: 106/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$71.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.31
Principal occupation / Job title (See Instructions) 2VP Bond & SI Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnitzer, Alan <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Chairman and CEO		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/131 Rpt: 107/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scoll, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$25.48
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scoll, Matthew <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$25.48
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/131 Rpt: 108/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Ent Market Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan	Amount of Contribution (\$)  \$52.88
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan	Amount of Contribution (\$)  \$52.88
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan	Amount of Contribution (\$)  \$52.88
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent	Amount of Contribution (\$)  \$45.77
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/131 Rpt: 109/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$45.77</span>
<b>8</b> Principal occupation / Job title (See Instructions) VP Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$45.77</span>
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$45.77</span>
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$45.77</span>
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shasha, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$) <span style="float:right">\$35.38</span>
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/131 Rpt: 110/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shasha, Todd ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.38
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shasha, Todd ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shasha, Todd ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shasha, Todd ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.38
Principal occupation / Job title (See Instructions) Sr. Mging Prod Dir PI Marine		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/131 Rpt: 111/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP Chief Innovation Officer		Employer (See Instructions) TCI Global Services Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/131 Rpt: 112/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	<b>7</b> Amount of Contribution (\$)  \$85.10
<b>8</b> Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$85.10
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Saint Croix Falls, WI 54024	Amount of Contribution (\$)  \$28.37
Principal occupation / Job title (See Instructions) Regl President-Field Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/131 Rpt: 113/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sokolowski, Colleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.96
<b>8</b> Principal occupation / Job title (See Instructions) 2VP Accounting		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sokolowski, Colleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.96
Principal occupation / Job title (See Instructions) 2VP Accounting		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/131 Rpt: 114/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spaeth, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spaeth, Thomas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Walnut Creek, CA 94598	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Walnut Creek, CA 94598	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Walnut Creek, CA 94598	Amount of Contribution (\$) \$72.12
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/131 Rpt: 115/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP BI Property UW		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BI Property UW		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/131 Rpt: 116/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960		
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard	Amount of Contribution (\$)  \$39.62
Contributor address; City; State; Zip Code  Morristown, NJ 07960		
Principal occupation / Job title (See Instructions) UW Officer Nat'l Accts		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David	Amount of Contribution (\$)  \$45.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/131 Rpt: 117/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$82.36
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/131 Rpt: 118/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$89.42
<b>8</b> Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) VP Bus Process Effctvnss UW		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiefel, Alexander <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$70.10
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/131 Rpt: 119/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiefel, Alexander <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$23.37
<b>8</b> Principal occupation / Job title (See Instructions) National Accounts VP		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiefel, Alexander <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$23.37
Principal occupation / Job title (See Instructions) National Accounts VP		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$70.67
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/131 Rpt: 120/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torsiello, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/131 Rpt: 121/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torsiello, Anthony	<b>7</b> Amount of Contribution (\$) \$46.15
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Controller		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torsiello, Anthony	Amount of Contribution (\$) \$46.15
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torsiello, Anthony	Amount of Contribution (\$) \$46.15
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torsiello, Anthony	Amount of Contribution (\$) \$46.15
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Controller		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traver, William	Amount of Contribution (\$) \$26.15
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/131 Rpt: 122/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traver, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$26.15
<b>8</b> Principal occupation / Job title (See Instructions) VPCountrywide Product BI BCO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traver, William <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$26.15
<b>Principal occupation / Job title (See Instructions)</b> VPCountrywide Product BI BCO		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traver, William <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$26.15
<b>Principal occupation / Job title (See Instructions)</b> VPCountrywide Product BI BCO		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traver, William <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$26.15
<b>Principal occupation / Job title (See Instructions)</b> VPCountrywide Product BI BCO		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$42.31
<b>Principal occupation / Job title (See Instructions)</b> 2VP UW BI		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/131 Rpt: 123/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.31
<b>8</b> Principal occupation / Job title (See Instructions) 2VP UW BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) 2VP UW BI		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Janis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$93.03
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/131 Rpt: 124/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Janis	<b>7</b> Amount of Contribution (\$)  \$93.03
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Janis	Amount of Contribution (\$)  \$93.03
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Janis	Amount of Contribution (\$)  \$93.03
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Janis	Amount of Contribution (\$)  \$93.03
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Marketing & Web Ops-PI		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ungaro, Michael	Amount of Contribution (\$)  \$24.81
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/131 Rpt: 125/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ungaro, Michael ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$24.81
<b>8</b> Principal occupation / Job title (See Instructions) Sr Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ungaro, Michael ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ungaro, Michael ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ungaro, Michael ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Sr Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/131 Rpt: 126/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$105.29
<b>8</b> Principal occupation / Job title (See Instructions) SVP President Natl Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$105.29
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/131 Rpt: 127/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) VP UW Comm Accts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/131 Rpt: 128/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$47.50
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 11/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> <b>Contributor address; City; State; Zip Code</b>  St. Paul, MN 55102	<b>Amount of Contribution (\$)</b>  \$47.50
<b>Principal occupation / Job title (See Instructions)</b> VP Actuarial & Analytics II		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> <b>Contributor address; City; State; Zip Code</b>  St. Paul, MN 55102	<b>Amount of Contribution (\$)</b>  \$47.50
<b>Principal occupation / Job title (See Instructions)</b> VP Actuarial & Analytics II		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 12/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> <b>Contributor address; City; State; Zip Code</b>  St. Paul, MN 55102	<b>Amount of Contribution (\$)</b>  \$47.50
<b>Principal occupation / Job title (See Instructions)</b> VP Actuarial & Analytics II		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 11/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$138.46
<b>Principal occupation / Job title (See Instructions)</b> SVP Government Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/131 Rpt: 129/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$138.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/131 Rpt: 130/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$77.88
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.94
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$173.08
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/131 Rpt: 131/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan	<b>7</b> Amount of Contribution (\$) \$173.08
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005		
<b>8</b> Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan	Amount of Contribution (\$) \$173.08
Contributor address; City; State; Zip Code  Washington, DC 20005		
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan	Amount of Contribution (\$) \$173.08
Contributor address; City; State; Zip Code  Washington, DC 20005		
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan	Amount of Contribution (\$) \$173.08
Contributor address; City; State; Zip Code  Washington, DC 20005		
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/131 Rpt: 132/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel	Amount of Contribution (\$) \$211.54
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel	Amount of Contribution (\$) \$211.54
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/131 Rpt: 133/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$134.58
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/131 Rpt: 134/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Product Management PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co

**NON-MONETARY SUPPORT FROM CORPORATION  
OR LABOR ORGANIZATION**

**SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 135/138
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 12/31/2024	<b>5</b> Corporation / Labor Organization name The Travelers Companies, Inc.	<b>6</b> Amount (\$) 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 Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 136/138	<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 11/15/2024	<b>5</b> Payee name Bryan Hughes Campaign	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 450  Minneola, TX 75773	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State Senate 01 TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Charles Schwertner for Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2448  Georgetown, TX 78627	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State Senate 5 TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Giovanni Capriglione Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 92007  Southlake, TX 76092	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support General 2024 State House 98 TX
Complete ONLY if direct expenditure to benefit C/OH	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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 137/138	<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087159
--	---	--

<b>4</b> Date 11/15/2024	<b>5</b> Payee name Texans for Dan Patrick
-----------------------------	---

<b>6</b> Amount (\$) \$20,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 685085  Austin, TX 78768
--	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 Lt. Governor TX
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/15/2024	Payee name Todd Hunter Campaign
--------------------	------------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry  Corpus Christi, TX 78412
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support General 2024 State House 32 TX
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# TEXT ANNOTATION

Sch: 1/1 Rpt: 138/138

FILER NAME

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

Filer ID (Ethics Commission Filers)

00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$15,475.00.