GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00087159

2 Total pages filed: 863

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

OFFICE USE ONLY
Date Received
ELECTRONICALLY FILED
07/10/2025
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
One Tower Square
Hartford, CT 06183

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Ms.
FIRST: Lindsay
MI:
NICKNAME:
LAST: Frank
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
One Tower Square
Hartford, CT 06183

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
One Tower Square
Hartford, CT 06183

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(860) 277-9543

9 REPORT TYPE
- [ ] January 15
- [X] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Dissolution (Attach PAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 01/01/2025 THROUGH Month Day Year: 06/30/2025

11 ELECTION
ELECTION DATE
Month Day Year
ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

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

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 8,535.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 232,704.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 204,071.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Ms. Lindsay Frank

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - GPAC

FORM GPAC

COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee (T-PAC)	00087159

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 232,204.98
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[X]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 500.00
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/858 Rpt: 4/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Aaron, Robert **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Aaron, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Aaron, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Aaron, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Aaron, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/858 Rpt: 5/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Aaron, Robert **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$26.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Aaron, Robert Contributor address; City; State; Zip Code: Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Aaron, Robert Contributor address; City; State; Zip Code: Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Aaron, Robert Contributor address; City; State; Zip Code: Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Aaron, Robert Contributor address; City; State; Zip Code: Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/858 Rpt: 6/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Aaron, Robert	$26.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product Manager II-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Abrahms, Nathaniel	$87.98
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/858 Rpt: 7/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Abrahms, Nathaniel **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/858 Rpt: 8/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Abrahms, Nathaniel **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Abrahms, Nathaniel Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Agostinelli, Mark Contributor address; City; State; Zip Code Edison, NJ 08837	$26.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Agostinelli, Mark Contributor address; City; State; Zip Code Edison, NJ 08837	$26.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/858 Rpt: 9/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
02/21/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
03/07/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
03/21/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
04/04/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/858 Rpt: 10/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
05/02/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
05/16/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
05/30/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co
06/13/2025	Agostinelli, Mark Edison, NJ 08837	$26.73	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/858 Rpt: 11/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	Agostinelli, Mark Edison, NJ 08837	$26.73

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Agrawal, Kamal Hartford, CT 06183	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Agrawal, Kamal Hartford, CT 06183	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Agrawal, Kamal Hartford, CT 06183	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Agrawal, Kamal Hartford, CT 06183	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/858 Rpt: 12/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
03/21/2025	Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
04/04/2025	Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
04/18/2025	Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
05/02/2025	Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/858 Rpt: 13/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Agrawal, Kamal	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Group General Counsel - International	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Agrawal, Kamal	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group General Counsel - International	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Agrawal, Kamal	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group General Counsel - International	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code: Columbus, WI 53925	
Principal occupation / Job title (See Instructions): AVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code: Columbus, WI 53925	
Principal occupation / Job title (See Instructions): AVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 11/858 Rpt: 14/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Alanis, Jessica	$38.46
	6 Contributor address; City; State; Zip Code Columbus, WI 53925	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Alanis, Jessica	$38.46
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 12/858 Rpt: 15/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Alanis, Jessica	$40.19
	6 Contributor address; City; State; Zip Code Columbus, WI 53925	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code Columbus, WI 53925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/858 Rpt: 16/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Alanis, Jessica	$40.38
	6 Contributor address; City; State; Zip Code: Columbus, WI 53925	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Alvarez, Juanita	$14.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Alvarez, Juanita	$14.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Alvarez, Juanita	$14.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Alvarez, Juanita	$14.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/858 Rpt: 17/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Alvarez, Juanita **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$14.42

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Alvarez, Juanita Contributor address; City; State; Zip Code Hartford, CT 06183	$14.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Alvarez, Juanita Contributor address; City; State; Zip Code Hartford, CT 06183	$14.68

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Alvarez, Juanita Contributor address; City; State; Zip Code Hartford, CT 06183	$14.71

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Alvarez, Juanita Contributor address; City; State; Zip Code Hartford, CT 06183	$14.71

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/858 Rpt: 18/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Alvarez, Juanita Hartford, CT 06183	$11.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/858 Rpt: 19/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Andersen, Keith	$25.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Andersen, Keith	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Andersen, Keith	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Andersen, Keith	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Andersen, Keith	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/858 Rpt: 20/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Andersen, Keith Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP General Liability	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Anderson, Bruce Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Anderson, Bruce Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 18/858 Rpt: 21/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Anderson, Bruce	$25.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Anderson, Bruce	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Anderson, Bruce	$25.87
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Anderson, Bruce	$25.96
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Anderson, Bruce	$25.96
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 19/858 Rpt: 22/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Anderson, Bruce	$25.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Anderson, Bruce	$25.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Anderson, Bruce	$25.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Development	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Atkinson, Jerald	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Nat'l Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Atkinson, Jerald	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Nat'l Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/858 Rpt: 23/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
02/21/2025	Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
03/07/2025	Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
03/21/2025	Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
04/04/2025	Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/858 Rpt: 24/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00	2VP UW Nat'l Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/858 Rpt: 25/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Atkinson, Lynda	Phoenix, AZ 85050	$70.96	RVP Const Energy & Marine	Travelers Indemnity Co
01/24/2025	Atkinson, Lynda	Phoenix, AZ 85050	$70.96	RVP Const Energy & Marine	Travelers Indemnity Co
02/07/2025	Atkinson, Lynda	Phoenix, AZ 85050	$70.96	RVP Const Energy & Marine	Travelers Indemnity Co
02/21/2025	Atkinson, Lynda	Phoenix, AZ 85050	$70.96	RVP Const Energy & Marine	Travelers Indemnity Co
03/07/2025	Atkinson, Lynda	Phoenix, AZ 85050	$70.96	RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/858 Rpt: 26/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Atkinson, Lynda	$70.96
	6 Contributor address; City; State; Zip Code: Phoenix, AZ 85050	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Atkinson, Lynda	$70.96
	Contributor address; City; State; Zip Code: Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Atkinson, Lynda	$73.04
	Contributor address; City; State; Zip Code: Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Atkinson, Lynda	$73.27
	Contributor address; City; State; Zip Code: Phoenix, AZ 85050	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Atkinson, Lynda	$73.27
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/858 Rpt: 27/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Atkinson, Lynda	$73.27
	6 Contributor address; City; State; Zip Code: Phoenix, AZ 85050	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Atkinson, Lynda	$73.27
	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	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Atkinson, Lynda	$73.27
	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	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Fxd Inc Sr Managing Analyst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Fxd Inc Sr Managing Analyst	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/858 Rpt: 28/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
02/21/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
03/07/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
03/21/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
04/04/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 26/858 Rpt: 29/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Auvinen, Andrew	$30.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/858 Rpt: 30/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	2VP Financial Analysis	Travelers Indemnity Co
01/24/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	2VP Financial Analysis	Travelers Indemnity Co
02/07/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	2VP Financial Analysis	Travelers Indemnity Co
02/21/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	2VP Financial Analysis	Travelers Indemnity Co
03/07/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	2VP Financial Analysis	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 28/858 Rpt: 31/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Baghdassarian, Holly	$44.23
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Financial Analysis	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 29/858 Rpt: 32/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Baghdassarian, Holly	$44.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Financial Analysis	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Financial Analysis	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Financial Analysis	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Balady, Michele	$75.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): VP Gov't Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Balady, Michele	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/858 Rpt: 33/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Balady, Michele	$75.00
	6 Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Balady, Michele	$78.38
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Balady, Michele	$78.75
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Balady, Michele	$78.75
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Balady, Michele	$78.75
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/858 Rpt: 34/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Balady, Michele Las Vegas, NV 89113	$78.75	VP Gov't Relations	Travelers Indemnity Co
06/27/2025	Balady, Michele Las Vegas, NV 89113	$78.75	VP Gov't Relations	Travelers Indemnity Co
01/10/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
01/24/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
02/07/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/858 Rpt: 35/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	☐ out-of-state PAC (ID#:_____) Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/858 Rpt: 36/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
05/16/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
06/13/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
06/27/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	2VP Claim Operations	Travelers Indemnity Co
01/10/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/858 Rpt: 37/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co
02/07/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co
02/21/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co
03/07/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co
03/21/2025	Bauman, Julie Manchester, CT 06042	$12.88	Dir Agile Product Owner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/858 Rpt: 38/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Bauman, Julie **6** Contributor address; City; State; Zip Code: Manchester, CT 06042	$12.88

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Agile Product Owner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Bauman, Julie Contributor address; City; State; Zip Code: Manchester, CT 06042	$13.23

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Agile Product Owner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Bauman, Julie Contributor address; City; State; Zip Code: Manchester, CT 06042	$13.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Agile Product Owner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bauman, Julie Contributor address; City; State; Zip Code: Manchester, CT 06042	$13.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Agile Product Owner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Bauman, Julie Contributor address; City; State; Zip Code: Manchester, CT 06042	$13.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Agile Product Owner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/858 Rpt: 39/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Bauman, Julie Manchester, CT 06042	$13.27	Dir Agile Product Owner	Travelers Indemnity Co
06/27/2025	Bauman, Julie Manchester, CT 06042	$13.27	Dir Agile Product Owner	Travelers Indemnity Co
01/10/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
01/24/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
02/07/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/858 Rpt: 40/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
03/07/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
03/21/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
04/04/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
04/18/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 38/858 Rpt: 41/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00	2VP Regulatory Affairs	Travelers Indemnity Co
01/10/2025	☐ out-of-state PAC (ID#:_____) Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/858 Rpt: 42/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co
02/07/2025	Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co
02/21/2025	Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co
03/07/2025	Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co
03/21/2025	Beckwith, Howard Charlotte, NC 28226	$67.50	RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 40/858 Rpt: 43/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Beckwith, Howard	$67.50
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Beckwith, Howard	$70.88
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Beckwith, Howard	$71.25
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Beckwith, Howard	$71.25
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Beckwith, Howard	$71.25
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/858 Rpt: 44/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
06/27/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
01/10/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
01/24/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
02/21/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/858 Rpt: 45/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
03/21/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
04/04/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
04/18/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
05/02/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 43/858 Rpt: 46/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Behar, Brett Walnut Creek, CA 94598	$50.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Behar, Brett Walnut Creek, CA 94598	$50.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Behar, Brett Walnut Creek, CA 94598	$50.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Behar, Brett Walnut Creek, CA 94598	$50.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Belden, Scott Westerly, RI 02891	$229.23

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/858 Rpt: 47/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Belden, Scott	$192.31
	6 Contributor address; City; State; Zip Code: Westerly, RI 02891	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/858 Rpt: 48/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Belden, Scott	$192.31
	6 Contributor address; City; State; Zip Code: Westerly, RI 02891	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Westerly, RI 02891	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/858 Rpt: 49/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	Belden, Scott Westerly, RI 02891	$192.31

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	Belden, Scott Westerly, RI 02891	$192.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Reinsurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Bell, Samuel Centennial, CO 80112	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW MM Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Bell, Samuel Centennial, CO 80112	$22.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW MM Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Bell, Samuel Centennial, CO 80112	$22.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/858 Rpt: 50/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Bell, Samuel Centennial, CO 80112	$22.12	2VP UW MM Property	Travelers Indemnity Co
03/07/2025	Bell, Samuel Centennial, CO 80112	$22.12	2VP UW MM Property	Travelers Indemnity Co
03/21/2025	Bell, Samuel Centennial, CO 80112	$22.12	2VP UW MM Property	Travelers Indemnity Co
04/04/2025	Bell, Samuel Centennial, CO 80112	$22.12	2VP UW MM Property	Travelers Indemnity Co
04/18/2025	Bell, Samuel Centennial, CO 80112	$23.33	2VP UW MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/858 Rpt: 51/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Bell, Samuel	$23.46
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions): 2VP UW MM Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): 2VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): 2VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): 2VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): 2VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/858 Rpt: 52/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Bellino, Alexander **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$69.95	Business Dev Officer - Brazil	TCI Global Services Inc
01/24/2025	Bellino, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$69.95	Business Dev Officer - Brazil	TCI Global Services Inc
02/07/2025	Bellino, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$69.95	Business Dev Officer - Brazil	TCI Global Services Inc
02/21/2025	Bellino, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$69.95	Business Dev Officer - Brazil	TCI Global Services Inc
03/07/2025	Bellino, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$69.95	Business Dev Officer - Brazil	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/858 Rpt: 53/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Bellino, Alexander **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$69.95

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Bellino, Alexander Contributor address; City; State; Zip Code: Hartford, CT 06183	$69.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Bellino, Alexander Contributor address; City; State; Zip Code: Hartford, CT 06183	$69.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Bellino, Alexander Contributor address; City; State; Zip Code: Hartford, CT 06183	$69.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bellino, Alexander Contributor address; City; State; Zip Code: Hartford, CT 06183	$69.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/858 Rpt: 54/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Bellino, Alexander	$69.95
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Bellino, Alexander	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Bellino, Alexander	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Dev Officer - Brazil	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Bencini, Michael	$42.31
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Bencini, Michael	$42.31
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/858 Rpt: 55/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Bencini, Michael **6** Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/858 Rpt: 56/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co
05/02/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co
05/16/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co
05/30/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co
06/13/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 54/858 Rpt: 57/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Bencini, Michael Buffalo, NY 14202	$42.31	2VP Claim Mgmt	Travelers Indemnity Co
01/10/2025	Berard, Michael Hartford, CT 06183	$23.85	2VP Value Stream Lead - Tech	Travelers Indemnity Co
01/24/2025	Berard, Michael Hartford, CT 06183	$23.85	2VP Value Stream Lead - Tech	Travelers Indemnity Co
02/07/2025	Berard, Michael Hartford, CT 06183	$23.85	2VP Value Stream Lead - Tech	Travelers Indemnity Co
02/21/2025	Berard, Michael Hartford, CT 06183	$23.85	2VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 55/858 Rpt: 58/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Berard, Michael **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$23.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Berard, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$23.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Berard, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$23.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Berard, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$24.71

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Berard, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$24.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 56/858 Rpt: 59/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Berard, Michael	$24.81
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Berard, Michael	$24.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Berard, Michael	$24.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Berard, Michael	$24.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Berg, Courtney	$48.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 57/858 Rpt: 60/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Berg, Courtney	$48.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Berg, Courtney	$48.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Berg, Courtney	$48.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Berg, Courtney	$48.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Berg, Courtney	$48.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 58/858 Rpt: 61/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Berg, Courtney **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$49.38

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Berg, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Berg, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Berg, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Berg, Courtney Contributor address; City; State; Zip Code Hartford, CT 06183	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 59/858 Rpt: 62/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Berg, Courtney	$49.52
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Bessette, Andy	$269.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Bessette, Andy	$269.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Bessette, Andy	$269.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Bessette, Andy	$269.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 60/858 Rpt: 63/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Bessette, Andy Hartford, CT 06183	$269.23	EVP and Chief Admin Officer	Travelers Indemnity Co
03/21/2025	Bessette, Andy Hartford, CT 06183	$269.23	EVP and Chief Admin Officer	Travelers Indemnity Co
04/04/2025	Bessette, Andy Hartford, CT 06183	$269.23	EVP and Chief Admin Officer	Travelers Indemnity Co
04/18/2025	Bessette, Andy Hartford, CT 06183	$286.54	EVP and Chief Admin Officer	Travelers Indemnity Co
05/02/2025	Bessette, Andy Hartford, CT 06183	$288.46	EVP and Chief Admin Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 61/858 Rpt: 64/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Bessette, Andy	$288.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Bessette, Andy	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Bessette, Andy	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Bessette, Andy	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief Admin Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Blanchette, Joshua	$15.05
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 62/858 Rpt: 65/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Blanchette, Joshua	Hartford, CT 06183	$15.05	Underwriting Manager Bond	Travelers Indemnity Co
02/21/2025	Blanchette, Joshua	Hartford, CT 06183	$15.05	Underwriting Manager Bond	Travelers Indemnity Co
03/07/2025	Blanchette, Joshua	Hartford, CT 06183	$15.05	Underwriting Manager Bond	Travelers Indemnity Co
03/21/2025	Blanchette, Joshua	Hartford, CT 06183	$15.05	Underwriting Manager Bond	Travelers Indemnity Co
04/04/2025	Blanchette, Joshua	Hartford, CT 06183	$15.05	Underwriting Manager Bond	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 63/858 Rpt: 66/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Blanchette, Joshua **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$17.51

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Blanchette, Joshua Contributor address; City; State; Zip Code: Hartford, CT 06183	$17.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Blanchette, Joshua Contributor address; City; State; Zip Code: Hartford, CT 06183	$17.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Blanchette, Joshua Contributor address; City; State; Zip Code: Hartford, CT 06183	$17.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Blanchette, Joshua Contributor address; City; State; Zip Code: Hartford, CT 06183	$17.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 64/858 Rpt: 67/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	Blanchette, Joshua Hartford, CT 06183	$17.79

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Underwriting Manager Bond	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Blosky, Lawrence Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Blosky, Lawrence Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Blosky, Lawrence Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	Blosky, Lawrence Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 65/858 Rpt: 68/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Blosky, Lawrence	$15.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Blosky, Lawrence	$15.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Blosky, Lawrence	$15.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 66/858 Rpt: 69/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Blosky, Lawrence Hartford, CT 06183	$15.38

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Blosky, Lawrence Hartford, CT 06183	$15.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Blosky, Lawrence Hartford, CT 06183	$15.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Bobeng, Gregory Alpharetta, GA 30005	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Bobeng, Gregory Alpharetta, GA 30005	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 67/858 Rpt: 70/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Bobeng, Gregory	$25.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 68/858 Rpt: 71/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Bobeng, Gregory	$25.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 69/858 Rpt: 72/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Bohn, Amanda **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP UW Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 70/858 Rpt: 73/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
04/04/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
04/18/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
05/02/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
05/16/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 71/858 Rpt: 74/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
06/27/2025	Bohn, Amanda St. Paul, MN 55102	$50.00	2VP UW Technology	Travelers Indemnity Co
01/10/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
01/24/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
02/07/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 72/858 Rpt: 75/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
03/07/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
03/21/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
04/04/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co
04/18/2025	Bolduc, Erin Hartford, CT 06183	$30.00	VP HR - Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 73/858 Rpt: 76/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Bolduc, Erin	$30.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HR - Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bolduc, Erin	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Bolduc, Erin	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Bolduc, Erin	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Bonadies, Bryan	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 74/858 Rpt: 77/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Bonadies, Bryan Hartford, CT 06183	$26.92	VP Value Stream Lead - Tech	Travelers Indemnity Co
02/07/2025	Bonadies, Bryan Hartford, CT 06183	$26.92	VP Value Stream Lead - Tech	Travelers Indemnity Co
02/21/2025	Bonadies, Bryan Hartford, CT 06183	$26.92	VP Value Stream Lead - Tech	Travelers Indemnity Co
03/07/2025	Bonadies, Bryan Hartford, CT 06183	$26.92	VP Value Stream Lead - Tech	Travelers Indemnity Co
03/21/2025	Bonadies, Bryan Hartford, CT 06183	$26.92	VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 75/858 Rpt: 78/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Bonadies, Bryan **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$26.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Bonadies, Bryan Contributor address; City; State; Zip Code Hartford, CT 06183	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Bonadies, Bryan Contributor address; City; State; Zip Code Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Bonadies, Bryan Contributor address; City; State; Zip Code Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Bonadies, Bryan Contributor address; City; State; Zip Code Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 76/858 Rpt: 79/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Bonadies, Bryan	$28.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Bonadies, Bryan	$28.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 77/858 Rpt: 80/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Bourget, Kathleen St. Paul, MN 55102	$25.00	VP HD of FI Research	Travelers Indemnity Co
03/07/2025	Bourget, Kathleen St. Paul, MN 55102	$25.00	VP HD of FI Research	Travelers Indemnity Co
03/21/2025	Bourget, Kathleen St. Paul, MN 55102	$25.00	VP HD of FI Research	Travelers Indemnity Co
04/04/2025	Bourget, Kathleen St. Paul, MN 55102	$25.00	VP HD of FI Research	Travelers Indemnity Co
04/18/2025	Bourget, Kathleen St. Paul, MN 55102	$25.00	VP HD of FI Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 78/858 Rpt: 81/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Bourget, Kathleen St. Paul, MN 55102	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Bourget, Kathleen St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Bourget, Kathleen St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Bourget, Kathleen St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Boyd, Christopher Alpharetta, GA 30005	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 79/858 Rpt: 82/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
02/07/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
02/21/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
03/07/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
03/21/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 80/858 Rpt: 83/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
04/18/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
05/02/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
05/16/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
06/13/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 81/858 Rpt: 84/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Boyd, Christopher	$10.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Braswell, Robert	$24.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Braswell, Robert	$24.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Braswell, Robert	$24.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Braswell, Robert	$24.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 82/858 Rpt: 85/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Braswell, Robert Hartford, CT 06183	$24.04

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Braswell, Robert Hartford, CT 06183	$24.04

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Braswell, Robert Hartford, CT 06183	$24.04

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Braswell, Robert Hartford, CT 06183	$24.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Braswell, Robert Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Execution BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 83/858 Rpt: 86/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Braswell, Robert Hartford, CT 06183	$24.52	VP Strategic Execution BSI	Travelers Indemnity Co
05/30/2025	Braswell, Robert Hartford, CT 06183	$22.07	VP Strategic Execution BSI	Travelers Indemnity Co
01/10/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
01/24/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
02/07/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 84/858 Rpt: 87/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
03/07/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
03/21/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
04/04/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
04/18/2025	Briamonte, Francis Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 85/858 Rpt: 88/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Briamonte, Francis	Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
05/16/2025	Briamonte, Francis	Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
06/13/2025	Briamonte, Francis	Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
06/27/2025	Briamonte, Francis	Scotch Plains, NJ 07076	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
01/10/2025	Brigham, Lynn	St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 86/858 Rpt: 89/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
02/07/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
02/21/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
03/07/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
03/21/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 87/858 Rpt: 90/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 88/858 Rpt: 91/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Managing Dir Bond & SI	Travelers Indemnity Co
01/24/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
02/07/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
02/21/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
03/07/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 89/858 Rpt: 92/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Broich, Eric **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Broich, Eric Contributor address; City; State; Zip Code St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Broich, Eric Contributor address; City; State; Zip Code St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Broich, Eric Contributor address; City; State; Zip Code St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Broich, Eric Contributor address; City; State; Zip Code St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 90/858 Rpt: 93/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Broich, Eric	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Broich, Eric	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 91/858 Rpt: 94/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
03/07/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
03/21/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
04/04/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
04/18/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 92/858 Rpt: 95/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Bruder, Eric	$66.35
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Bruder, Eric	$66.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 93/858 Rpt: 96/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Byam, Michael **6** Contributor address; City; State; Zip Code Tolland, CT 06084	$82.21

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 94/858 Rpt: 97/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Byam, Michael **6** Contributor address; City; State; Zip Code Tolland, CT 06084	$95.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Byam, Michael Contributor address; City; State; Zip Code Tolland, CT 06084	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Project Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 95/858 Rpt: 98/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Byam, Michael	$95.19
	6 Contributor address; City; State; Zip Code: Tolland, CT 06084	
8 Principal occupation / Job title (See Instructions): VP Project Management	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	
Principal occupation / Job title (See Instructions): VP Project Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	
Principal occupation / Job title (See Instructions): VP Project Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Callahan, John	$10.00
	Contributor address; City; State; Zip Code: Mendon, NY 14506	
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Callahan, John	$10.00
	Contributor address; City; State; Zip Code: Mendon, NY 14506	
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 96/858 Rpt: 99/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Callahan, John **6** Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00
8 Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00
Principal occupation / Job title (See Instructions): Exec Gen Adjuster- BI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 97/858 Rpt: 100/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Callahan, John **6** Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Exec Gen Adjuster- BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec Gen Adjuster- BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec Gen Adjuster- BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec Gen Adjuster- BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Callahan, John Contributor address; City; State; Zip Code Mendon, NY 14506	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec Gen Adjuster- BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 98/858 Rpt: 101/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Calvo-Blake, Lena	$15.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Calvo-Blake, Lena	$15.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Calvo-Blake, Lena	$15.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Calvo-Blake, Lena	$15.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Calvo-Blake, Lena	$15.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 99/858 Rpt: 102/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Calvo-Blake, Lena	$15.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Calvo-Blake, Lena	$15.59
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Calvo-Blake, Lena	$14.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Calvo-Blake, Lena	$10.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Calvo-Blake, Lena	$10.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Internal Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 100/858 Rpt: 103/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Cameron, Lisa	$24.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VPEnterprise Billing &Rec Mgt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPEnterprise Billing &Rec Mgt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPEnterprise Billing &Rec Mgt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPEnterprise Billing &Rec Mgt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPEnterprise Billing &Rec Mgt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 101/858 Rpt: 104/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Cameron, Lisa	$24.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Cameron, Lisa	$24.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 102/858 Rpt: 105/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Cameron, Lisa Hartford, CT 06183	$4.88

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Cameron, Lisa Hartford, CT 06183	$24.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Cameron, Lisa Hartford, CT 06183	$24.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 103/858 Rpt: 106/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Campbell, Laura **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$39.81

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Campbell, Laura Contributor address; City; State; Zip Code Hartford, CT 06183	$39.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 104/858 Rpt: 107/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$40.85	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$40.96	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$40.96	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$40.96	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Campbell, Laura Hartford, CT 06183	$40.96	2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 105/858 Rpt: 108/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Campbell, Laura	$40.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 106/858 Rpt: 109/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Canceran Guinter, Annette	$70.67
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
8 Principal occupation / Job title (See Instructions): RVP PL	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Canceran Guinter, Annette	$70.67
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Canceran Guinter, Annette	$73.40
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 107/858 Rpt: 110/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Canceran Guinter, Annette	$73.70
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 108/858 Rpt: 111/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 109/858 Rpt: 112/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 110/858 Rpt: 113/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Carr, Daniel	$60.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Carr, Daniel	$60.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Carr, Daniel	$60.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Carr, Daniel	$60.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 111/858 Rpt: 114/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Carr, Daniel **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$60.87

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$60.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$60.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.68

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 112/858 Rpt: 115/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Carr, Daniel	$62.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Carter, Debra	$16.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 113/858 Rpt: 116/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Carter, Debra	$16.73
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Carter, Debra	$16.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Carter, Debra	$16.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Carter, Debra	$16.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Carter, Debra	$16.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 114/858 Rpt: 117/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Carter, Debra	$17.16
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 115/858 Rpt: 118/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Carter, Debra	$17.21
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 116/858 Rpt: 119/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Carty, Richard	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 117/858 Rpt: 120/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Carty, Richard	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI International	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 118/858 Rpt: 121/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Carvalho, Manuel	$10.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 119/858 Rpt: 122/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Carvalho, Manuel	$10.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): Director Claim Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 120/858 Rpt: 123/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Cauley, Bryan	$47.60
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Reg'l UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Cauley, Bryan	$47.60
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Cauley, Bryan	$47.60
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Cauley, Bryan	$47.60
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Cauley, Bryan	$47.60
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 121/858 Rpt: 124/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Cauley, Bryan Hartford, CT 06183	$47.60	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Cauley, Bryan Hartford, CT 06183	$48.72	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Cauley, Bryan Hartford, CT 06183	$48.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Cauley, Bryan Hartford, CT 06183	$48.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Cauley, Bryan Hartford, CT 06183	$48.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 122/858 Rpt: 125/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Cauley, Bryan	$48.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Cauley, Bryan	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 123/858 Rpt: 126/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Charles, Alicia **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Middle Market Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 124/858 Rpt: 127/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Charles, Alicia Hartford, CT 06183	$50.00	VP Middle Market Operations	Travelers Indemnity Co
05/16/2025	Charles, Alicia Hartford, CT 06183	$50.00	VP Middle Market Operations	Travelers Indemnity Co
06/13/2025	Charles, Alicia Hartford, CT 06183	$50.00	VP Middle Market Operations	Travelers Indemnity Co
06/27/2025	Charles, Alicia Hartford, CT 06183	$50.00	VP Middle Market Operations	Travelers Indemnity Co
01/10/2025	Checkosky, Robert Hartford, CT 06120	$47.12	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 125/858 Rpt: 128/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Checkosky, Robert	$47.12
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 126/858 Rpt: 129/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Checkosky, Robert	$47.12
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	
8 Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 127/858 Rpt: 130/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Checkosky, Robert	$47.12
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	
8 Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): RVP Select & BI Fld Sls & Dst	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 128/858 Rpt: 131/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2025	Cherryhomes, Mary	$21.15
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): 2VP Claim Operations	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1: Sch: 129/858 Rpt: 132/863

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3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Cherryhomes, Mary **6** Contributor address; City; State; Zip Code Richardson, TX 75081	$21.15
8 Principal occupation / Job title (See Instructions): 2VP Claim Operations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Cherryhomes, Mary Contributor address; City; State; Zip Code Richardson, TX 75081	$21.15
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Cherryhomes, Mary Contributor address; City; State; Zip Code Richardson, TX 75081	$21.15
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Cherryhomes, Mary Contributor address; City; State; Zip Code Richardson, TX 75081	$21.15
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Cherryhomes, Mary Contributor address; City; State; Zip Code Richardson, TX 75081	$21.15
Principal occupation / Job title (See Instructions): 2VP Claim Operations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1: Sch: 130/858 Rpt: 133/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Collins, Peter	$76.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Collins, Peter	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Collins, Peter	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Collins, Peter	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Collins, Peter	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Collins, Peter	$76.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Collins, Peter	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Collins, Peter	$80.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Operations - PI & Int'l	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 132/858 Rpt: 135/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Collins, Peter	$80.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Operations - PI & Int'l	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Collins, Peter	$80.77
	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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Collins, Peter	$80.77
	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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Coltea, Claudiu	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Coltea, Claudiu	$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

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1 Total pages Schedule A1: Sch: 133/858 Rpt: 136/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Coltea, Claudiu	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Coltea, Claudiu	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 134/858 Rpt: 137/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Coltea, Claudiu	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Coltea, Claudiu	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Coltea, Claudiu	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Coltea, Claudiu	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Coltea, Claudiu	$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

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1 Total pages Schedule A1: Sch: 135/858 Rpt: 138/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Coltea, Claudiu	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Prod Dev&Strat	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Prod Dev&Strat	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Prod Dev&Strat	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Prod Dev&Strat	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Corrigan, Timothy Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
04/04/2025	Corrigan, Timothy Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
04/18/2025	Corrigan, Timothy Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/02/2025	Corrigan, Timothy Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/16/2025	Corrigan, Timothy Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Corrigan, Timothy	Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
06/27/2025	Corrigan, Timothy	Hartford, CT 06183	$50.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
01/10/2025	Costa, James	Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
01/24/2025	Costa, James	Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
02/07/2025	Costa, James	Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 138/858 Rpt: 141/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Costa, James Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
03/07/2025	Costa, James Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
03/21/2025	Costa, James Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
04/04/2025	Costa, James Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co
04/18/2025	Costa, James Lees Summit, MO 64081	$25.00	UW Officer Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 139/858 Rpt: 142/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Costa, James	$25.00
	6 Contributor address; City; State; Zip Code: Lees Summit, MO 64081	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Officer Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 140/858 Rpt: 143/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Cournoyer, Tracey	$34.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 141/858 Rpt: 144/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Cournoyer, Tracey	$34.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Information Systems	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Information Systems	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Information Systems	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Information Systems	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Information Systems	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 142/858 Rpt: 145/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Cournoyer, Tracey	$34.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Information Systems	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 143/858 Rpt: 146/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Coyne, John	$70.67
	6 Contributor address; City; State; Zip Code: Philadelphia, PA 19102	
8 Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	
Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Coyne, John	$70.67
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	
Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Coyne, John	$73.27
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	
Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	
Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 144/858 Rpt: 147/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Coyne, John Philadelphia, PA 19102	$73.56

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Coyne, John Philadelphia, PA 19102	$73.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Coyne, John Philadelphia, PA 19102	$73.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Coyne, John Philadelphia, PA 19102	$73.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Strategic UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$40.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 145/858 Rpt: 148/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
02/07/2025	Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
02/21/2025	Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
03/07/2025	Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
03/21/2025	Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 146/858 Rpt: 149/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.63	2VP Affinity	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 147/858 Rpt: 150/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Crichton, Peter Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co
06/27/2025	Crichton, Peter Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co
01/10/2025	Croce, William Hartford, CT 06183	$20.00	CUO Natl Prop&Chf Prop Offr MM	Travelers Indemnity Co
01/24/2025	Croce, William Hartford, CT 06183	$20.00	CUO Natl Prop&Chf Prop Offr MM	Travelers Indemnity Co
02/07/2025	Croce, William Hartford, CT 06183	$20.00	CUO Natl Prop&Chf Prop Offr MM	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 148/858 Rpt: 151/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Croce, William **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$20.00
8 Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	**9** Employer (See Instructions): Travelers Indemnity Co	
03/07/2025	Croce, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$20.00
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	
03/21/2025	Croce, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$20.00
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Croce, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$20.00
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Croce, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$20.00
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 149/858 Rpt: 152/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Croce, William	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Croce, William	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Croce, William	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Croce, William	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): CUO Natl Prop&Chf Prop Offr MM	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 150/858 Rpt: 153/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Cruz, Alexia	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 151/858 Rpt: 154/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Cruz, Alexia **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$109.62

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Group Gen Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183	$109.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Group Gen Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183	$109.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Group Gen Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183	$109.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Group Gen Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Cruz, Alexia Contributor address; City; State; Zip Code Hartford, CT 06183	$109.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Group Gen Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 152/858 Rpt: 155/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Cruz, Alexia	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Group Gen Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Dalton, Genus	$87.98
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Dalton, Genus	$29.33
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Dalton, Genus	$29.33
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 153/858 Rpt: 156/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Dalton, Genus Centennial, CO 80112	$29.33	BI Field Vice President	Travelers Indemnity Co
03/07/2025	Dalton, Genus Centennial, CO 80112	$29.33	BI Field Vice President	Travelers Indemnity Co
03/21/2025	Dalton, Genus Centennial, CO 80112	$29.33	BI Field Vice President	Travelers Indemnity Co
04/04/2025	Dalton, Genus Centennial, CO 80112	$29.33	BI Field Vice President	Travelers Indemnity Co
04/18/2025	Dalton, Genus Centennial, CO 80112	$30.19	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 154/858 Rpt: 157/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
05/16/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
05/30/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
06/13/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
06/27/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 155/858 Rpt: 158/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Dauria, Kathleen	$48.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 156/858 Rpt: 159/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 157/858 Rpt: 160/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Dauria, Kathleen	$48.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Dauria, Kathleen	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Comm and Cust. Exp	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): VP Gov't Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): VP Gov't Relations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 158/858 Rpt: 161/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 159/858 Rpt: 162/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 160/858 Rpt: 163/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	DeWitte, Jonathan	$82.21
	6 Contributor address; City; State; Zip Code: Washington, DC 20005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Destra, Anthony	$22.93
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Destra, Anthony	$23.41
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 161/858 Rpt: 164/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Destra, Anthony	$24.52
	6 Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	
8 Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: GILBERTSVILLE, PA 19525	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 162/858 Rpt: 165/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	DiMatteo, Maureen	Hartford, CT 06183	$10.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
01/24/2025	DiMatteo, Maureen	Hartford, CT 06183	$10.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
02/07/2025	DiMatteo, Maureen	Hartford, CT 06183	$10.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
02/21/2025	DiMatteo, Maureen	Hartford, CT 06183	$10.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
03/07/2025	DiMatteo, Maureen	Hartford, CT 06183	$10.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 163/858 Rpt: 166/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	DiMatteo, Maureen **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	DiMatteo, Maureen Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	DiMatteo, Maureen Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	DiMatteo, Maureen Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	DiMatteo, Maureen Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 164/858 Rpt: 167/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	DiMatteo, Maureen	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Drucker, Timothy	$25.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Ocean Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Drucker, Timothy	$25.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Ocean Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Drucker, Timothy	$25.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW Ocean Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 165/858 Rpt: 168/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Drucker, Timothy New York City, NY 10017	$25.00	2VP UW Ocean Marine	Travelers Indemnity Co
03/07/2025	Drucker, Timothy New York City, NY 10017	$25.00	2VP UW Ocean Marine	Travelers Indemnity Co
03/21/2025	Drucker, Timothy New York City, NY 10017	$25.00	2VP UW Ocean Marine	Travelers Indemnity Co
04/04/2025	Drucker, Timothy New York City, NY 10017	$25.00	2VP UW Ocean Marine	Travelers Indemnity Co
04/18/2025	Drucker, Timothy New York City, NY 10017	$26.73	2VP UW Ocean Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 166/858 Rpt: 169/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Drucker, Timothy New York City, NY 10017	$26.92	2VP UW Ocean Marine	Travelers Indemnity Co
05/16/2025	Drucker, Timothy New York City, NY 10017	$26.92	2VP UW Ocean Marine	Travelers Indemnity Co
05/30/2025	Drucker, Timothy New York City, NY 10017	$26.92	2VP UW Ocean Marine	Travelers Indemnity Co
06/13/2025	Drucker, Timothy New York City, NY 10017	$26.92	2VP UW Ocean Marine	Travelers Indemnity Co
06/27/2025	Drucker, Timothy New York City, NY 10017	$26.92	2VP UW Ocean Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 167/858 Rpt: 170/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Dube, Lori **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Dube, Lori Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Dube, Lori Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Dube, Lori Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Dube, Lori Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 168/858 Rpt: 171/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Dube, Lori **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$45.19
8 Principal occupation / Job title (See Instructions): Executive Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	$45.19
Principal occupation / Job title (See Instructions): Executive Counsel	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	$45.19
Principal occupation / Job title (See Instructions): Executive Counsel	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	$45.19
Principal occupation / Job title (See Instructions): Executive Counsel	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Dube, Lori Contributor address; City; State; Zip Code Hartford, CT 06183	$45.19
Principal occupation / Job title (See Instructions): Executive Counsel	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 169/858 Rpt: 172/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Dube, Lori Hartford, CT 06183	$45.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Dube, Lori Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Dube, Lori Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Duncan, Marsh Canton, GA 30115	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President Northfield E&S Lines	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Duncan, Marsh Canton, GA 30115	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President Northfield E&S Lines	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 170/858 Rpt: 173/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
02/21/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
03/07/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
03/21/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
04/04/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 171/858 Rpt: 174/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
05/02/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
05/16/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
06/13/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
06/27/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 172/858 Rpt: 175/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Dunham, Leslie	$14.09
	6 Contributor address; City; State; Zip Code: Tampa, FL 33609	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Dunham, Leslie	$14.09
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Dunham, Leslie	$14.09
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Dunham, Leslie	$14.09
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Dunham, Leslie	$14.09
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 173/858 Rpt: 176/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Dunham, Leslie Tampa, FL 33609	$14.09	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co
04/04/2025	Dunham, Leslie Tampa, FL 33609	$14.09	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co
04/18/2025	Dunham, Leslie Tampa, FL 33609	$14.52	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co
05/02/2025	Dunham, Leslie Tampa, FL 33609	$14.57	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co
05/16/2025	Dunham, Leslie Tampa, FL 33609	$14.57	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 174/858 Rpt: 177/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Dunham, Leslie Tampa, FL 33609	$14.57

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Dunham, Leslie Tampa, FL 33609	$14.57

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Dunham, Leslie Tampa, FL 33609	$14.57

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Earnest, Caleb Hartford, CT 06183	$85.10

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Earnest, Caleb Hartford, CT 06183	$85.10

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 175/858 Rpt: 178/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Earnest, Caleb Hartford, CT 06183	$85.10	VP Product Manager I-PI	TCI Global Services Inc
02/21/2025	Earnest, Caleb Hartford, CT 06183	$85.10	VP Product Manager I-PI	TCI Global Services Inc
03/07/2025	Earnest, Caleb Hartford, CT 06183	$85.10	VP Product Manager I-PI	TCI Global Services Inc
03/21/2025	Earnest, Caleb Hartford, CT 06183	$85.10	VP Product Manager I-PI	TCI Global Services Inc
04/04/2025	Earnest, Caleb Hartford, CT 06183	$85.10	VP Product Manager I-PI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 176/858 Rpt: 179/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Earnest, Caleb	$85.10
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Product Manager I-PI	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Earnest, Caleb	$85.10
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Product Manager I-PI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Earnest, Caleb	$85.10
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Product Manager I-PI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Earnest, Caleb	$85.10
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Product Manager I-PI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Earnest, Caleb	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Product Manager I-PI	Employer (See Instructions): TCI Global Services Inc	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 177/858 Rpt: 180/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Earnest, Caleb	$100.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product Manager I-PI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 178/858 Rpt: 181/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Ebersole, Jodi **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$29.33

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183	$29.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183	$29.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183	$29.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Ebersole, Jodi Contributor address; City; State; Zip Code Hartford, CT 06183	$29.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 179/858 Rpt: 182/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Ebersole, Jodi	$29.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 180/858 Rpt: 183/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Eckert, Karen	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 181/858 Rpt: 184/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Eckert, Karen	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 182/858 Rpt: 185/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Eckert, Karen	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Agent & Field Solutions-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 183/858 Rpt: 186/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Eldredge, John Hartford, CT 06183	$50.00	VP Value Stream Lead - Tech	Travelers Indemnity Co
03/21/2025	Eldredge, John Hartford, CT 06183	$50.00	VP Value Stream Lead - Tech	Travelers Indemnity Co
04/04/2025	Eldredge, John Hartford, CT 06183	$50.00	VP Value Stream Lead - Tech	Travelers Indemnity Co
04/18/2025	Eldredge, John Hartford, CT 06183	$50.00	VP Value Stream Lead - Tech	Travelers Indemnity Co
05/02/2025	Eldredge, John Hartford, CT 06183	$50.00	VP Value Stream Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 184/858 Rpt: 187/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Eldredge, John	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Eldredge, John	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Farley, Kathryn	$126.92
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Farley, Kathryn	$126.92
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 185/858 Rpt: 188/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Farley, Kathryn St. Paul, MN 55102	$126.92	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
02/21/2025	Farley, Kathryn St. Paul, MN 55102	$126.92	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
03/07/2025	Farley, Kathryn St. Paul, MN 55102	$126.92	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
03/21/2025	Farley, Kathryn St. Paul, MN 55102	$126.92	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
04/04/2025	Farley, Kathryn St. Paul, MN 55102	$126.92	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 186/858 Rpt: 189/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Farley, Kathryn	$133.85
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Farley, Kathryn	$134.62
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Farley, Kathryn	$134.62
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Farley, Kathryn	$134.62
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Farley, Kathryn	$134.62
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 187/858 Rpt: 190/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Farley, Kathryn	$134.62
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 188/858 Rpt: 191/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Farquharson, David	$50.00
	6 Contributor address; City; State; Zip Code: Boston, MA 02111	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 189/858 Rpt: 192/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Farquharson, David	$50.00
	6 Contributor address; City; State; Zip Code: Boston, MA 02111	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Farquharson, David	$50.00
	Contributor address; City; State; Zip Code: Boston, MA 02111	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Distribution - Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Ferren, William	$40.38
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Ferren, William	$40.38
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Ferren, William	$40.38
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 190/858 Rpt: 193/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Ferren, William Blue Bell, PA 19422	$40.38	Managing Counsel Claim	Travelers Indemnity Co
03/07/2025	Ferren, William Blue Bell, PA 19422	$40.38	Managing Counsel Claim	Travelers Indemnity Co
03/21/2025	Ferren, William Blue Bell, PA 19422	$40.38	Managing Counsel Claim	Travelers Indemnity Co
04/04/2025	Ferren, William Blue Bell, PA 19422	$40.38	Managing Counsel Claim	Travelers Indemnity Co
04/18/2025	Ferren, William Blue Bell, PA 19422	$42.46	Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 191/858 Rpt: 194/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
05/16/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
05/30/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
06/13/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
06/27/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 192/858 Rpt: 195/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Filippetti, Gregory	$75.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Audit - Op/Fin	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Filippetti, Gregory	$75.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Filippetti, Gregory	$75.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Filippetti, Gregory	$75.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Filippetti, Gregory	$75.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 193/858 Rpt: 196/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Filippetti, Gregory	$75.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Filippetti, Gregory	$75.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Filippetti, Gregory	$77.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Audit - Op/Fin	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 194/858 Rpt: 197/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Filippetti, Gregory Hartford, CT 06183	$77.88	2VP Audit - Op/Fin	Travelers Indemnity Co
06/13/2025	Filippetti, Gregory Hartford, CT 06183	$77.88	2VP Audit - Op/Fin	Travelers Indemnity Co
06/27/2025	Filippetti, Gregory Hartford, CT 06183	$77.88	2VP Audit - Op/Fin	Travelers Indemnity Co
01/24/2025	Fischer, Kimberly Buffalo, NY 14202	$14.81	Director Claim Mgmt	Travelers Indemnity Co
02/07/2025	Fischer, Kimberly Buffalo, NY 14202	$14.81	Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 195/858 Rpt: 198/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Fischer, Kimberly Buffalo, NY 14202	$14.81

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Fischer, Kimberly Buffalo, NY 14202	$14.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Fischer, Kimberly Buffalo, NY 14202	$14.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Fischer, Kimberly Buffalo, NY 14202	$14.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Fischer, Kimberly Buffalo, NY 14202	$15.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 196/858 Rpt: 199/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Fischer, Kimberly	$15.19
	6 Contributor address; City; State; Zip Code: Buffalo, NY 14202	
8 Principal occupation / Job title (See Instructions): Director Claim Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 197/858 Rpt: 200/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Flanagan, Barbara	$79.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP HR - Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Flanagan, Barbara	$79.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Flanagan, Barbara	$79.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Flanagan, Barbara	$79.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Flanagan, Barbara	$79.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 198/858 Rpt: 201/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Flanagan, Barbara Hartford, CT 06183	$79.33
8 Principal occupation / Job title (See Instructions): VP HR - Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	☐ out-of-state PAC (ID#:_____) Flanagan, Barbara Hartford, CT 06183	$79.33
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	☐ out-of-state PAC (ID#:_____) Flanagan, Barbara Hartford, CT 06183	$83.22
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	☐ out-of-state PAC (ID#:_____) Flanagan, Barbara Hartford, CT 06183	$83.65
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	☐ out-of-state PAC (ID#:_____) Flanagan, Barbara Hartford, CT 06183	$83.65
Principal occupation / Job title (See Instructions): VP HR - Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 199/858 Rpt: 202/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Flanagan, Barbara	Hartford, CT 06183	$83.65	VP HR - Claim	Travelers Indemnity Co
06/13/2025	Flanagan, Barbara	Hartford, CT 06183	$83.65	VP HR - Claim	Travelers Indemnity Co
06/27/2025	Flanagan, Barbara	Hartford, CT 06183	$83.65	VP HR - Claim	Travelers Indemnity Co
01/10/2025	Forshey, James	Hartford, CT 06183	$25.00	SVP Field Mgmt Bond & SI	Travelers Indemnity Co
01/24/2025	Forshey, James	Hartford, CT 06183	$25.00	SVP Field Mgmt Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 200/858 Rpt: 203/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Forshey, James	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Field Mgmt Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Field Mgmt Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Field Mgmt Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Field Mgmt Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Field Mgmt Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 201/858 Rpt: 204/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Forshey, James	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Field Mgmt Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Field Mgmt Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Field Mgmt Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Field Mgmt Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Forshey, James	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Field Mgmt Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 202/858 Rpt: 205/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Foxx, Thomas	$23.08
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Foxx, Thomas	$23.08
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Foxx, Thomas	$23.08
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Foxx, Thomas	$23.08
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Foxx, Thomas	$23.08
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 203/858 Rpt: 206/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Foxx, Thomas Alpharetta, GA 30005	$23.08	Managing Dir Bond & SI	Travelers Indemnity Co
04/18/2025	Foxx, Thomas Alpharetta, GA 30005	$23.94	Managing Dir Bond & SI	Travelers Indemnity Co
05/02/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	Managing Dir Bond & SI	Travelers Indemnity Co
05/16/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	Managing Dir Bond & SI	Travelers Indemnity Co
05/30/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 204/858 Rpt: 207/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Foxx, Thomas Alpharetta, GA 30005	$24.04

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Foxx, Thomas Alpharetta, GA 30005	$24.04

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Frank, Lindsay Hartford, CT 06183	$16.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Frank, Lindsay Hartford, CT 06183	$16.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Frank, Lindsay Hartford, CT 06183	$16.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 205/858 Rpt: 208/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Frank, Lindsay Hartford, CT 06183	$16.25	Mgr Government Relations	Travelers Indemnity Co
03/07/2025	Frank, Lindsay Hartford, CT 06183	$16.25	Mgr Government Relations	Travelers Indemnity Co
03/21/2025	Frank, Lindsay Hartford, CT 06183	$16.25	Mgr Government Relations	Travelers Indemnity Co
04/04/2025	Frank, Lindsay Hartford, CT 06183	$16.25	Mgr Government Relations	Travelers Indemnity Co
04/18/2025	Frank, Lindsay Hartford, CT 06183	$16.86	Mgr Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 206/858 Rpt: 209/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Frank, Lindsay	$16.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 207/858 Rpt: 210/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	French, David	$118.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 208/858 Rpt: 211/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	French, David **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$118.85
8 Principal occupation / Job title (See Instructions): SVP & CFO Personal Insurance	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	French, David Contributor address; City; State; Zip Code Hartford, CT 06183	$118.85
Principal occupation / Job title (See Instructions): SVP & CFO Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	French, David Contributor address; City; State; Zip Code Hartford, CT 06183	$118.85
Principal occupation / Job title (See Instructions): SVP & CFO Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	French, David Contributor address; City; State; Zip Code Hartford, CT 06183	$118.85
Principal occupation / Job title (See Instructions): SVP & CFO Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	French, David Contributor address; City; State; Zip Code Hartford, CT 06183	$118.85
Principal occupation / Job title (See Instructions): SVP & CFO Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 209/858 Rpt: 212/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Frey, Daniel Hartford, CT 06183	$208.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Financial Officer	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Frey, Daniel Hartford, CT 06183	$208.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Financial Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 210/858 Rpt: 213/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Frey, Daniel	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 211/858 Rpt: 214/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Frey, Daniel	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Frey, Daniel	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Financial Officer	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 212/858 Rpt: 215/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$49.52

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Large Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Large Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Large Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Large Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$49.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Large Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 213/858 Rpt: 216/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Frost, Nicholas	$49.52
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): RVP Large Property	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Frost, Nicholas	$50.90
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP Large Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP Large Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP Large Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP Large Property	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 214/858 Rpt: 217/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Frost, Nicholas	$51.06
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): RVP Large Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP Large Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Finance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Finance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Finance	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 215/858 Rpt: 218/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Gagliarducci, Carolyn	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 216/858 Rpt: 219/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Gagliarducci, Carolyn	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 217/858 Rpt: 220/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Gaines, Jeffrey Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
02/21/2025	Gaines, Jeffrey Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
03/07/2025	Gaines, Jeffrey Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
03/21/2025	Gaines, Jeffrey Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
04/04/2025	Gaines, Jeffrey Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 218/858 Rpt: 221/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Gaines, Jeffrey	$10.00
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 219/858 Rpt: 222/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	☐ out-of-state PAC (ID#:_____) Galloway, Julie Allen, KS 66833	$17.12	Client Delivery Director	Travelers Indemnity Co
01/24/2025	☐ out-of-state PAC (ID#:_____) Galloway, Julie Allen, KS 66833	$17.12	Client Delivery Director	Travelers Indemnity Co
02/07/2025	☐ out-of-state PAC (ID#:_____) Galloway, Julie Allen, KS 66833	$17.12	Client Delivery Director	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Galloway, Julie Allen, KS 66833	$17.12	Client Delivery Director	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Galloway, Julie Allen, KS 66833	$17.12	Client Delivery Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 220/858 Rpt: 223/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Galloway, Julie	$11.98
	6 Contributor address; City; State; Zip Code: Allen, KS 66833	
8 Principal occupation / Job title (See Instructions): Client Delivery Director	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Galloway, Julie	$22.25
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Galloway, Julie	$17.55
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 221/858 Rpt: 224/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Galloway, Julie	$17.60
	6 Contributor address; City; State; Zip Code: Allen, KS 66833	
8 Principal occupation / Job title (See Instructions): Client Delivery Director	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): Client Delivery Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 222/858 Rpt: 225/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Galvin, Jason	$153.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Galvin, Jason	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & Chief Information Ofcr	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 223/858 Rpt: 226/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Galvin, Jason	$160.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Galvin, Jason	$161.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Galvin, Jason	$161.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Galvin, Jason	$161.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Galvin, Jason	$161.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 224/858 Rpt: 227/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Galvin, Jason	$161.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief Information Ofcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Garcia, Dana	$20.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Garcia, Dana	$20.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Garcia, Dana	$20.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Garcia, Dana	$20.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 225/858 Rpt: 228/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 226/858 Rpt: 229/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Garcia, Dana	$20.00
	6 Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Garcia, Dana	$20.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Garten, Cynthia	$53.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Garten, Cynthia	$53.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Garten, Cynthia	$53.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 227/858 Rpt: 230/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Garten, Cynthia Hartford, CT 06183	$53.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Garten, Cynthia Hartford, CT 06183	$53.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Garten, Cynthia Hartford, CT 06183	$5.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR - Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lead Software Engineer - Mgr	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lead Software Engineer - Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 228/858 Rpt: 231/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Gartside, Kirk	Hartford, CT 06183	$10.00	Lead Software Engineer - Mgr	Travelers Indemnity Co
02/21/2025	Gartside, Kirk	Hartford, CT 06183	$10.00	Lead Software Engineer - Mgr	Travelers Indemnity Co
03/07/2025	Gartside, Kirk	Hartford, CT 06183	$10.00	Lead Software Engineer - Mgr	Travelers Indemnity Co
03/21/2025	Gartside, Kirk	Hartford, CT 06183	$10.00	Lead Software Engineer - Mgr	Travelers Indemnity Co
04/04/2025	Gartside, Kirk	Hartford, CT 06183	$10.00	Lead Software Engineer - Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 229/858 Rpt: 232/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Gartside, Kirk	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 230/858 Rpt: 233/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Gee, Patrick **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.56
8 Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Gee, Patrick Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.56
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Gee, Patrick Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.56
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Gee, Patrick Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.56
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Gee, Patrick Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.56
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 231/858 Rpt: 234/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Gee, Patrick	$38.56
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 232/858 Rpt: 235/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Gee, Patrick	$38.56
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Claim Personal Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Claim Personal Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Claim Personal Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Gehrhardt, Beth	$45.16
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Gehrhardt, Beth	$45.16
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 233/858 Rpt: 236/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
02/07/2025	Gehrhardt, Beth	Hartford, CT 06183	$45.16

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Gehrhardt, Beth	Hartford, CT 06183	$45.16

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	Gehrhardt, Beth	Hartford, CT 06183	$45.16

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	Gehrhardt, Beth	Hartford, CT 06183	$45.16

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	Gehrhardt, Beth	Hartford, CT 06183	$45.16

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 234/858 Rpt: 237/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Gehrhardt, Beth **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$46.40

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183	$46.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183	$46.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183	$46.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Hartford, CT 06183	$46.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 235/858 Rpt: 238/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Gehrhardt, Beth Hartford, CT 06183	$46.54	VP Human Resources	Travelers Indemnity Co
01/10/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
01/24/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
02/07/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
02/21/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 236/858 Rpt: 239/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
03/21/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
04/04/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
04/18/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
05/02/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 237/858 Rpt: 240/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
06/13/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
06/27/2025	Gerstman, Anne Hunt Valley, MD 21031	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
01/10/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co
01/24/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 238/858 Rpt: 241/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co
02/21/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co
03/07/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co
03/21/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co
04/04/2025	Giannone, Anthony Hartford, CT 06183	$59.62	VP Multinational Practice	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 239/858 Rpt: 242/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Giannone, Anthony	$61.35
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Multinational Practice	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Giannone, Anthony	$61.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Multinational Practice	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Giannone, Anthony	$61.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Multinational Practice	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Giannone, Anthony	$61.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Multinational Practice	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Giannone, Anthony	$61.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Multinational Practice	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 240/858 Rpt: 243/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Giannone, Anthony Hartford, CT 06183	$61.54	VP Multinational Practice	Travelers Indemnity Co
01/10/2025	Gibbons, Myles Hartford, CT 06183	$144.23	SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co
01/24/2025	Gibbons, Myles Hartford, CT 06183	$144.23	SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co
02/07/2025	Gibbons, Myles Hartford, CT 06183	$144.23	SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co
02/21/2025	Gibbons, Myles Hartford, CT 06183	$144.23	SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 241/858 Rpt: 244/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Gibbons, Myles	$144.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Pres CAG & CUO Mid Mkt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Gibbons, Myles	$144.23
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Gibbons, Myles	$144.23
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Gibbons, Myles	$144.23
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gibbons, Myles	$144.23
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 242/858 Rpt: 245/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Gibbons, Myles	$144.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres CAG & CUO Mid Mkt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 243/858 Rpt: 246/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Gifford, Bruce	$148.08
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 244/858 Rpt: 247/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Gifford, Bruce **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$148.08

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Gifford, Bruce Contributor address; City; State; Zip Code: Hartford, CT 06183	$148.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Gifford, Bruce Contributor address; City; State; Zip Code: Hartford, CT 06183	$148.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Gifford, Bruce Contributor address; City; State; Zip Code: Hartford, CT 06183	$148.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Gifford, Bruce Contributor address; City; State; Zip Code: Hartford, CT 06183	$148.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 245/858 Rpt: 248/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Gifford, Bruce	$148.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Gifford, Bruce	$148.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Actuary BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 246/858 Rpt: 249/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Gingeleskie, Gregory	$26.44
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Gingeleskie, Gregory	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Gingeleskie, Gregory	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 247/858 Rpt: 250/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Gingeleskie, Gregory	$26.97
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Gingeleskie, Gregory	$26.97
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Gingeleskie, Gregory	$26.97
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Gingeleskie, Gregory	$26.97
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Gingeleskie, Gregory	$26.97
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Fin Plan & Analysis BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 248/858 Rpt: 251/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Giroux, Cody **6** Contributor address; City; State; Zip Code: Hartford, CT 06120	$35.00
8 Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	**9** Employer (See Instructions): Travelers Indemnity Co	
Date: 02/07/2025	Full name of contributor / out-of-state PAC (ID#:): Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06120	Amount of Contribution ($): $35.00
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	
Date: 02/21/2025	Full name of contributor / out-of-state PAC (ID#:): Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06120	Amount of Contribution ($): $35.00
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	
Date: 03/07/2025	Full name of contributor / out-of-state PAC (ID#:): Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06120	Amount of Contribution ($): $35.00
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	
Date: 03/21/2025	Full name of contributor / out-of-state PAC (ID#:): Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06120	Amount of Contribution ($): $35.00
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 249/858 Rpt: 252/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Giroux, Cody	$35.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Giroux, Cody	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Giroux, Cody	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Giroux, Cody	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Giroux, Cody	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 250/858 Rpt: 253/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Giroux, Cody	$35.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Investor Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Investor Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Investor Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Investor Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 251/858 Rpt: 254/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
03/21/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
04/04/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
04/18/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
05/02/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 252/858 Rpt: 255/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Goldstein, Abbe	$100.00
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	
8 Principal occupation / Job title (See Instructions): SVP Investor Relations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): SVP Investor Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Goldstein, Abbe	$100.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): SVP Investor Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 253/858 Rpt: 256/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Goodwin, Douglas	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Dir Data Management	**9** Employer (See Instructions): Travelers Indemnity Co	
02/21/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	
03/07/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	
03/21/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Goodwin, Douglas	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Data Management	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 254/858 Rpt: 257/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Goodwin, Douglas Hartford, CT 06183	$10.00	Sr Dir Data Management	Travelers Indemnity Co
05/02/2025	Goodwin, Douglas Hartford, CT 06183	$10.00	Sr Dir Data Management	Travelers Indemnity Co
05/16/2025	Goodwin, Douglas Hartford, CT 06183	$10.00	Sr Dir Data Management	Travelers Indemnity Co
06/13/2025	Goodwin, Douglas Hartford, CT 06183	$10.00	Sr Dir Data Management	Travelers Indemnity Co
06/27/2025	Goodwin, Douglas Hartford, CT 06183	$10.00	Sr Dir Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 255/858 Rpt: 258/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 256/858 Rpt: 259/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 257/858 Rpt: 260/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 258/858 Rpt: 261/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Gregory, Douglas **6** Contributor address; City; State; Zip Code: St. Paul, MN 55102	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Gregory, Douglas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Gregory, Douglas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Gregory, Douglas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Gregory, Douglas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 259/858 Rpt: 262/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/02/2025	Gregory, Douglas St. Paul, MN 55102	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	Gregory, Douglas St. Paul, MN 55102	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property and Casualty	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Griffard, Julie Houston, TX 77041	$74.13

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 260/858 Rpt: 263/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Griffard, Julie	$74.13
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 261/858 Rpt: 264/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Griffard, Julie	$74.13
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 262/858 Rpt: 265/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Griffard, Julie Houston, TX 77041	$74.13	RVP Const Energy & Marine	Travelers Indemnity Co
06/27/2025	Griffard, Julie Houston, TX 77041	$74.13	RVP Const Energy & Marine	Travelers Indemnity Co
01/10/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
01/24/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
02/07/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 263/858 Rpt: 266/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
03/07/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
03/21/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
04/04/2025	Griner, John Brookfield, WI 53005	$31.92	Sr Counsel Claim	Travelers Indemnity Co
04/18/2025	Griner, John Brookfield, WI 53005	$6.38	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 264/858 Rpt: 267/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$53.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 265/858 Rpt: 268/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$67.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$70.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$71.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Grissom, Bryce Hartford, CT 06183	$71.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 266/858 Rpt: 269/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Grissom, Bryce	$71.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Commercial Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Gross, Travis	$16.01
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Gross, Travis	$16.01
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 267/858 Rpt: 270/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Gross, Travis Richardson, TX 75081	$16.01	Director Claim Mgmt	Travelers Indemnity Co
02/21/2025	Gross, Travis Richardson, TX 75081	$16.01	Director Claim Mgmt	Travelers Indemnity Co
03/07/2025	Gross, Travis Richardson, TX 75081	$16.01	Director Claim Mgmt	Travelers Indemnity Co
03/21/2025	Gross, Travis Richardson, TX 75081	$16.01	Director Claim Mgmt	Travelers Indemnity Co
04/04/2025	Gross, Travis Richardson, TX 75081	$16.01	Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 268/858 Rpt: 271/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Gross, Travis	$16.57
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): Director Claim Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Gross, Travis	$16.63
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Gross, Travis	$16.63
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
05/30/2025	Gross, Travis	$16.63
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Gross, Travis	$16.63
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 269/858 Rpt: 272/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Gross, Travis	$16.63
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hall, Cora	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Hall, Cora	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Hall, Cora	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Hall, Cora	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 270/858 Rpt: 273/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Hall, Cora **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$41.73
8 Principal occupation / Job title (See Instructions): AVP	**9** Employer (See Instructions): The Travelers Companies Inc.	
Date: 04/04/2025	Full name of contributor / out-of-state PAC (ID#:): Hall, Cora Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $41.73
Principal occupation / Job title (See Instructions): AVP	Employer (See Instructions): The Travelers Companies Inc.	
Date: 04/18/2025	Full name of contributor / out-of-state PAC (ID#:): Hall, Cora Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $42.77
Principal occupation / Job title (See Instructions): AVP	Employer (See Instructions): The Travelers Companies Inc.	
Date: 05/02/2025	Full name of contributor / out-of-state PAC (ID#:): Hall, Cora Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $42.88
Principal occupation / Job title (See Instructions): AVP	Employer (See Instructions): The Travelers Companies Inc.	
Date: 05/16/2025	Full name of contributor / out-of-state PAC (ID#:): Hall, Cora Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $42.88
Principal occupation / Job title (See Instructions): AVP	Employer (See Instructions): The Travelers Companies Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 271/858 Rpt: 274/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Hall, Cora	$42.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Hamm, Scott	$89.42
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hamm, Scott	$89.42
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 272/858 Rpt: 275/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Hamm, Scott **6** Contributor address; City; State; Zip Code: New York City, NY 10017	$89.42

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Hamm, Scott Contributor address; City; State; Zip Code: New York City, NY 10017	$89.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hamm, Scott Contributor address; City; State; Zip Code: New York City, NY 10017	$89.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Hamm, Scott Contributor address; City; State; Zip Code: New York City, NY 10017	$89.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Hamm, Scott Contributor address; City; State; Zip Code: New York City, NY 10017	$89.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 273/858 Rpt: 276/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Hamm, Scott New York City, NY 10017	$92.02	National Accounts VP	Travelers Indemnity Co
05/02/2025	Hamm, Scott New York City, NY 10017	$92.31	National Accounts VP	Travelers Indemnity Co
05/16/2025	Hamm, Scott New York City, NY 10017	$92.31	National Accounts VP	Travelers Indemnity Co
05/30/2025	Hamm, Scott New York City, NY 10017	$92.31	National Accounts VP	Travelers Indemnity Co
06/13/2025	Hamm, Scott New York City, NY 10017	$92.31	National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 274/858 Rpt: 277/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Hamm, Scott	$92.31
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 275/858 Rpt: 278/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Hankinson, Allen Hunt Valley, MD 21031	$18.27	Underwriting Director Select	Travelers Indemnity Co
03/21/2025	Hankinson, Allen Hunt Valley, MD 21031	$18.27	Underwriting Director Select	Travelers Indemnity Co
04/04/2025	Hankinson, Allen Hunt Valley, MD 21031	$18.27	Underwriting Director Select	Travelers Indemnity Co
04/18/2025	Hankinson, Allen Hunt Valley, MD 21031	$18.27	Underwriting Director Select	Travelers Indemnity Co
05/02/2025	Hankinson, Allen Hunt Valley, MD 21031	$18.27	Underwriting Director Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 276/858 Rpt: 279/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Hunt Valley, MD 21031	$18.27

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Hunt Valley, MD 21031	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Hunt Valley, MD 21031	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Hunt Valley, MD 21031	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Director Select	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Harris, Dale Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 277/858 Rpt: 280/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Harris, Dale Hartford, CT 06183	$10.00	2VP Actuarial & Analytics	Travelers Indemnity Co
02/07/2025	Harris, Dale Hartford, CT 06183	$10.00	2VP Actuarial & Analytics	Travelers Indemnity Co
02/21/2025	Harris, Dale Hartford, CT 06183	$10.00	2VP Actuarial & Analytics	Travelers Indemnity Co
03/07/2025	Harris, Dale Hartford, CT 06183	$10.00	2VP Actuarial & Analytics	Travelers Indemnity Co
03/21/2025	Harris, Dale Hartford, CT 06183	$10.00	2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 278/858 Rpt: 281/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Harris, Dale **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Harris, Dale Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 279/858 Rpt: 282/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Harris, Dale	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Harris, Douglas	$40.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Harris, Douglas	$40.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Harris, Douglas	$40.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Harris, Douglas	$40.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 280/858 Rpt: 283/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Harris, Douglas	$40.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 281/858 Rpt: 284/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Harris, Douglas	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Hart, Christopher	$30.00
	Contributor address; City; State; Zip Code: Canandaigua, NY 14424	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lead Learning Facilitator	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Hart, Christopher	$30.00
	Contributor address; City; State; Zip Code: Canandaigua, NY 14424	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lead Learning Facilitator	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 282/858 Rpt: 285/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Hart, Christopher Canandaigua, NY 14424	$30.00	Lead Learning Facilitator	Travelers Indemnity Co
02/21/2025	Hart, Christopher Canandaigua, NY 14424	$30.00	Lead Learning Facilitator	Travelers Indemnity Co
03/07/2025	Hart, Christopher Canandaigua, NY 14424	$30.00	Lead Learning Facilitator	Travelers Indemnity Co
03/21/2025	Hart, Christopher Canandaigua, NY 14424	$30.00	Lead Learning Facilitator	Travelers Indemnity Co
04/04/2025	Hart, Christopher Canandaigua, NY 14424	$30.00	Lead Learning Facilitator	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 283/858 Rpt: 286/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Hart, Christopher Canandaigua, NY 14424	$30.69	Lead Learning Facilitator	Travelers Indemnity Co
05/02/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Lead Learning Facilitator	Travelers Indemnity Co
05/16/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Lead Learning Facilitator	Travelers Indemnity Co
05/30/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Lead Learning Facilitator	Travelers Indemnity Co
06/13/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Lead Learning Facilitator	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 284/858 Rpt: 287/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Lead Learning Facilitator	Travelers Indemnity Co
01/10/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
01/24/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
02/07/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
02/21/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 285/858 Rpt: 288/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
03/21/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
04/04/2025	Hayes, Christopher Hartford, CT 06183	$17.12	2VP Risk Control	Travelers Indemnity Co
04/18/2025	Hayes, Christopher Hartford, CT 06183	$17.72	2VP Risk Control	Travelers Indemnity Co
05/02/2025	Hayes, Christopher Hartford, CT 06183	$17.79	2VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 286/858 Rpt: 289/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Hayes, Christopher	Hartford, CT 06183	$17.79	2VP Risk Control	Travelers Indemnity Co
05/30/2025	Hayes, Christopher	Hartford, CT 06183	$17.79	2VP Risk Control	Travelers Indemnity Co
06/13/2025	Hayes, Christopher	Hartford, CT 06183	$17.79	2VP Risk Control	Travelers Indemnity Co
06/27/2025	Hayes, Christopher	Hartford, CT 06183	$17.79	2VP Risk Control	Travelers Indemnity Co
01/10/2025	Haze, Jeffrey	Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 287/858 Rpt: 290/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Haze, Jeffrey Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co
02/07/2025	Haze, Jeffrey Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co
02/21/2025	Haze, Jeffrey Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co
03/07/2025	Haze, Jeffrey Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co
03/21/2025	Haze, Jeffrey Hartford, CT 06183	$25.92	Director Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 288/858 Rpt: 291/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Henderson, Charles	$38.25
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): UW Officer National Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Henderson, Charles	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Henderson, Charles	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Henderson, Charles	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Henderson, Charles	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 289/858 Rpt: 292/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Henderson, Charles	$38.25
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): UW Officer National Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Henderson, Charles	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Henderson, Charles	$39.29
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Henderson, Charles	$39.40
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Henderson, Charles	$39.40
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 290/858 Rpt: 293/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Henderson, Charles	$39.40
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): UW Officer National Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Henderson, Charles	$39.40
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Henderson, Charles	$39.40
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 291/858 Rpt: 294/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Hentnick, Donna	$23.32
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Human Resources	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 292/858 Rpt: 295/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Hentnick, Donna	$23.32
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 293/858 Rpt: 296/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Hentnick, Donna Hartford, CT 06183	$23.32

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Herron, Peter Hartford, CT 06183	$76.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Herron, Peter Hartford, CT 06183	$76.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Herron, Peter Hartford, CT 06183	$76.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Herron, Peter Hartford, CT 06183	$76.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 294/858 Rpt: 297/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Herron, Peter	Hartford, CT 06183	$76.92	SVP PNP Bond & SI	Travelers Indemnity Co
03/21/2025	Herron, Peter	Hartford, CT 06183	$76.92	SVP PNP Bond & SI	Travelers Indemnity Co
04/04/2025	Herron, Peter	Hartford, CT 06183	$76.92	SVP PNP Bond & SI	Travelers Indemnity Co
04/18/2025	Herron, Peter	Hartford, CT 06183	$80.38	SVP PNP Bond & SI	Travelers Indemnity Co
05/02/2025	Herron, Peter	Hartford, CT 06183	$80.77	SVP PNP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 295/858 Rpt: 298/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Herron, Peter	$80.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP PNP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 296/858 Rpt: 299/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Herzog, Kristin	$95.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Assoc Group Gen Counsel-Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Herzog, Kristin	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Herzog, Kristin	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Herzog, Kristin	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Herzog, Kristin	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 297/858 Rpt: 300/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Herzog, Kristin Hartford, CT 06183	$95.19	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/18/2025	Herzog, Kristin Hartford, CT 06183	$95.19	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/02/2025	Herzog, Kristin Hartford, CT 06183	$95.19	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/16/2025	Herzog, Kristin Hartford, CT 06183	$95.19	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/30/2025	Herzog, Kristin Hartford, CT 06183	$95.19	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 298/858 Rpt: 301/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Heyman, William New York City, NY 10017	$288.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Heyman, William New York City, NY 10017	$288.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Heyman, William New York City, NY 10017	$288.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 299/858 Rpt: 302/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
03/07/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
03/21/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
04/04/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
04/18/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 300/858 Rpt: 303/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Heyman, William	$288.46
	6 Contributor address; City; State; Zip Code New York City, NY 10017	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Heyman, William	$288.46
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Heyman, William	$288.46
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Heyman, William	$288.46
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Heyman, William	$288.46
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice Chairman	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 301/858 Rpt: 304/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Hiers, Carol **6** Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00
8 Principal occupation / Job title (See Instructions): Ops Dir Field/Business Center	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00
Principal occupation / Job title (See Instructions): Ops Dir Field/Business Center	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00
Principal occupation / Job title (See Instructions): Ops Dir Field/Business Center	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00
Principal occupation / Job title (See Instructions): Ops Dir Field/Business Center	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00
Principal occupation / Job title (See Instructions): Ops Dir Field/Business Center	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 302/858 Rpt: 305/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Hiers, Carol **6** Contributor address; City; State; Zip Code: Alpharetta, GA 30005	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Hiers, Carol Contributor address; City; State; Zip Code: Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Hiers, Carol Contributor address; City; State; Zip Code: Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Hiers, Carol Contributor address; City; State; Zip Code: Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Hiers, Carol Contributor address; City; State; Zip Code: Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 303/858 Rpt: 306/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Hiers, Carol Alpharetta, GA 30005	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Hiers, Carol Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ops Dir Field/Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Hill, David Blue Bell, PA 19422	$60.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Hill, David Blue Bell, PA 19422	$60.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Hill, David Blue Bell, PA 19422	$60.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 304/858 Rpt: 307/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Hill, David Blue Bell, PA 19422	$60.58	BI Field Vice President	Travelers Indemnity Co
03/07/2025	Hill, David Blue Bell, PA 19422	$60.58	BI Field Vice President	Travelers Indemnity Co
03/21/2025	Hill, David Blue Bell, PA 19422	$60.58	BI Field Vice President	Travelers Indemnity Co
04/04/2025	Hill, David Blue Bell, PA 19422	$60.58	BI Field Vice President	Travelers Indemnity Co
04/18/2025	Hill, David Blue Bell, PA 19422	$60.58	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 305/858 Rpt: 308/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Hill, David	$60.58
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
8 Principal occupation / Job title (See Instructions): BI Field Vice President	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Hill, David	$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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 306/858 Rpt: 309/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Hoffman, Brian	$15.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Gov't Relations		**9** Employer (See Instructions) Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 307/858 Rpt: 310/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Hoffman, Brian	$15.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Hoffman, Brian	$15.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 308/858 Rpt: 311/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	Hoffman, Brian Hartford, CT 06183	$15.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	Hoffman, Brian Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Hogan, George Chicago, IL 60601	$38.06

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Regional Dir Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Hogan, George Chicago, IL 60601	$3.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Regional Dir Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Hogan, George Chicago, IL 60601	$38.06

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Regional Dir Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 309/858 Rpt: 312/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Hogan, George	$38.06
	6 Contributor address; City; State; Zip Code: Chicago, IL 60601	
8 Principal occupation / Job title (See Instructions): Sr Regional Dir Field Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hogan, George	$38.06
	Contributor address; City; State; Zip Code: Chicago, IL 60601	
Principal occupation / Job title (See Instructions): Sr Regional Dir Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Hogan, George	$3.81
	Contributor address; City; State; Zip Code: Chicago, IL 60601	
Principal occupation / Job title (See Instructions): Sr Regional Dir Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Hoisl, Elisabeth	$23.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Journey Transformation	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Hoisl, Elisabeth	$23.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Journey Transformation	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 310/858 Rpt: 313/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
02/21/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
03/07/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
03/21/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
04/04/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 311/858 Rpt: 314/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
05/02/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
05/16/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
05/30/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co
06/13/2025	Hoisl, Elisabeth Hartford, CT 06183	$23.08	VP Journey Transformation	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 312/858 Rpt: 315/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Hoisl, Elisabeth	$23.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Journey Transformation	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 313/858 Rpt: 316/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Hooker, Allison	$18.27
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 314/858 Rpt: 317/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Hooker, Allison	$18.27
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 315/858 Rpt: 318/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Hopkins, Alexander	$21.04
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Hopkins, Alexander	$21.04
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 316/858 Rpt: 319/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Hopkins, Alexander **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$21.60

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$21.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$21.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$21.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Hopkins, Alexander Contributor address; City; State; Zip Code Hartford, CT 06183	$21.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 317/858 Rpt: 320/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Hopkins, Alexander	$21.66
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Hopper, Kelly	$10.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Hopper, Kelly	$10.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Hopper, Kelly	$10.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Hopper, Kelly	$10.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 318/858 Rpt: 321/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
03/21/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
04/04/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
04/18/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
05/02/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 319/858 Rpt: 322/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
06/13/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
06/27/2025	Hopper, Kelly Centennial, CO 80112	$10.00	RVP Claim	Travelers Indemnity Co
01/10/2025	Horan, William San Antonio, TX 78216	$40.38	Catastrophe Claim Field VP	Travelers Indemnity Co
01/24/2025	Horan, William San Antonio, TX 78216	$40.38	Catastrophe Claim Field VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 320/858 Rpt: 323/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Horan, William **6** Contributor address; City; State; Zip Code: San Antonio, TX 78216	$40.38

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$40.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$40.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$40.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$40.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 321/858 Rpt: 324/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Horan, William **6** Contributor address; City; State; Zip Code: San Antonio, TX 78216	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Horan, William Contributor address; City; State; Zip Code: San Antonio, TX 78216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Catastrophe Claim Field VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 322/858 Rpt: 325/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Houston, Marchelle	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 323/858 Rpt: 326/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 324/858 Rpt: 327/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Houston, Marchelle	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Bond & SI Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Howe, Jill	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Underwriting Dir	Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Howe, Jill	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Underwriting Dir	Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Howe, Jill	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Underwriting Dir	Employer (See Instructions): The Travelers Companies Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 325/858 Rpt: 328/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Howe, Jill	$15.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Howe, Jill	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Howe, Jill	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Howe, Jill	$16.91
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 326/858 Rpt: 329/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Howe, Jill	$17.02
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Underwriting Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Howenstine, Rona	$26.92
	Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 327/858 Rpt: 330/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Howenstine, Rona Brownsburg, IN 46112	$26.92	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
02/07/2025	Howenstine, Rona Brownsburg, IN 46112	$26.92	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
02/21/2025	Howenstine, Rona Brownsburg, IN 46112	$26.92	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
03/07/2025	Howenstine, Rona Brownsburg, IN 46112	$26.92	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
03/21/2025	Howenstine, Rona Brownsburg, IN 46112	$26.92	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 328/858 Rpt: 331/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Howenstine, Rona	$26.92
	6 Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Howenstine, Rona	$28.65
	Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Howenstine, Rona	$28.85
	Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Howenstine, Rona	$28.85
	Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Howenstine, Rona	$28.85
	Contributor address; City; State; Zip Code: Brownsburg, IN 46112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 329/858 Rpt: 332/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Howenstine, Rona Brownsburg, IN 46112	$28.85	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
06/27/2025	Howenstine, Rona Brownsburg, IN 46112	$28.85	VP Strat. Plan/Programs - Tech/Ops	Travelers Indemnity Co
01/10/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
01/24/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
02/07/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 330/858 Rpt: 333/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
03/07/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
03/21/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
04/04/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
04/18/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 331/858 Rpt: 334/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
05/16/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
06/13/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
06/27/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	2VP Analytics&Rsrch I	Travelers Indemnity Co
01/10/2025	Hudson, Melanie Charlotte, NC 28226	$55.77	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 332/858 Rpt: 335/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Hudson, Melanie	$55.77
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	
8 Principal occupation / Job title (See Instructions): BI Field Vice President	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Hudson, Melanie	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Hudson, Melanie	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Hudson, Melanie	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Hudson, Melanie	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 333/858 Rpt: 336/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Hudson, Melanie	$55.77
	6 Contributor address; City; State; Zip Code Charlotte, NC 28226	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Hudson, Melanie	$57.50
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 334/858 Rpt: 337/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Hudson, Melanie Charlotte, NC 28226	$57.69

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Hudson, Melanie Charlotte, NC 28226	$57.69

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Hughes, Kevin Hartford, CT 06183	$92.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Hughes, Kevin Hartford, CT 06183	$92.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Hughes, Kevin Hartford, CT 06183	$92.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 335/858 Rpt: 338/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Hughes, Kevin Hartford, CT 06183	$92.31	Group Gen Counsel Bond & SI	Travelers Indemnity Co
03/07/2025	Hughes, Kevin Hartford, CT 06183	$92.31	Group Gen Counsel Bond & SI	Travelers Indemnity Co
03/21/2025	Hughes, Kevin Hartford, CT 06183	$92.31	Group Gen Counsel Bond & SI	Travelers Indemnity Co
04/04/2025	Hughes, Kevin Hartford, CT 06183	$92.31	Group Gen Counsel Bond & SI	Travelers Indemnity Co
04/18/2025	Hughes, Kevin Hartford, CT 06183	$96.20	Group Gen Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 336/858 Rpt: 339/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Hughes, Kevin	$96.63
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 337/858 Rpt: 340/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
01/24/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
02/07/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
02/21/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
03/07/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 338/858 Rpt: 341/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 339/858 Rpt: 342/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Ibuzor, Aloy Melville, NY 11747	$27.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Ingham, Janis Casselberry, FL 32707	$14.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Ingham, Janis Casselberry, FL 32707	$14.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 340/858 Rpt: 343/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Ingham, Janis Casselberry, FL 32707	$14.62	Sr Dir Business Process Mgmt	Travelers Indemnity Co
02/21/2025	Ingham, Janis Casselberry, FL 32707	$14.62	Sr Dir Business Process Mgmt	Travelers Indemnity Co
03/07/2025	Ingham, Janis Casselberry, FL 32707	$14.62	Sr Dir Business Process Mgmt	Travelers Indemnity Co
03/21/2025	Ingham, Janis Casselberry, FL 32707	$14.62	Sr Dir Business Process Mgmt	Travelers Indemnity Co
04/04/2025	Ingham, Janis Casselberry, FL 32707	$14.62	Sr Dir Business Process Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 341/858 Rpt: 344/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Ingham, Janis Casselberry, FL 32707	$14.88	Sr Dir Business Process Mgmt	Travelers Indemnity Co
05/02/2025	Ingham, Janis Casselberry, FL 32707	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
05/16/2025	Ingham, Janis Casselberry, FL 32707	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
05/30/2025	Ingham, Janis Casselberry, FL 32707	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
06/13/2025	Ingham, Janis Casselberry, FL 32707	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 342/858 Rpt: 345/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Ingham, Janis Casselberry, FL 32707	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
01/10/2025	Jaeger, Andrew St. Paul, MN 55102	$48.17	RVP Const Energy & Marine	Travelers Indemnity Co
01/24/2025	Jaeger, Andrew St. Paul, MN 55102	$48.17	RVP Const Energy & Marine	Travelers Indemnity Co
02/07/2025	Jaeger, Andrew St. Paul, MN 55102	$48.17	RVP Const Energy & Marine	Travelers Indemnity Co
02/21/2025	Jaeger, Andrew St. Paul, MN 55102	$48.17	RVP Const Energy & Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 343/858 Rpt: 346/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Jaeger, Andrew	$48.17
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Jaeger, Andrew	$48.17
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Jaeger, Andrew	$48.17
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Jaeger, Andrew	$49.90
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Jaeger, Andrew	$50.10
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 344/858 Rpt: 347/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Jaeger, Andrew	$50.10
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Jaeger, Andrew	$50.10
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Jaeger, Andrew	$50.10
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Jaeger, Andrew	$50.10
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Jagielski, Joseph	$25.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 345/858 Rpt: 348/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Jagielski, Joseph Hunt Valley, MD 21031	$25.00	Managing Counsel Prod Line Ld	Travelers Indemnity Co
02/07/2025	Jagielski, Joseph Hunt Valley, MD 21031	$25.00	Managing Counsel Prod Line Ld	Travelers Indemnity Co
02/21/2025	Jagielski, Joseph Hunt Valley, MD 21031	$25.00	Managing Counsel Prod Line Ld	Travelers Indemnity Co
03/07/2025	Jagielski, Joseph Hunt Valley, MD 21031	$25.00	Managing Counsel Prod Line Ld	Travelers Indemnity Co
03/21/2025	Jagielski, Joseph Hunt Valley, MD 21031	$25.00	Managing Counsel Prod Line Ld	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 346/858 Rpt: 349/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Jagielski, Joseph	$25.00
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
8 Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Jagielski, Joseph	$25.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Jagielski, Joseph	$25.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Jagielski, Joseph	$25.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Jagielski, Joseph	$25.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): Managing Counsel Prod Line Ld	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 347/858 Rpt: 350/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Jagielski, Joseph	$25.00
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel Prod Line Ld	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Jean, Fania	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Jean, Fania	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Jean, Fania	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Jean, Fania	$15.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 348/858 Rpt: 351/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Jean, Fania Hartford, CT 06183	$15.96	Sr Counsel	The Travelers Companies Inc.
04/04/2025	Jean, Fania Hartford, CT 06183	$15.96	Sr Counsel	The Travelers Companies Inc.
04/18/2025	Jean, Fania Hartford, CT 06183	$17.35	Sr Counsel	The Travelers Companies Inc.
05/02/2025	Jean, Fania Hartford, CT 06183	$17.50	Sr Counsel	The Travelers Companies Inc.
05/16/2025	Jean, Fania Hartford, CT 06183	$17.50	Sr Counsel	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 349/858 Rpt: 352/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Jean, Fania Hartford, CT 06183	$17.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Jean, Fania Hartford, CT 06183	$17.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Jean, Fania Hartford, CT 06183	$17.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Johnson, Carolyn Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Johnson, Carolyn Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 350/858 Rpt: 353/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Johnson, Carolyn	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 351/858 Rpt: 354/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Johnson, Carolyn	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Johnson, Carolyn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 352/858 Rpt: 355/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Jones, Bruce	$192.31
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Jones, Bruce	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Jones, Bruce	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Jones, Bruce	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Jones, Bruce	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 353/858 Rpt: 356/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Jones, Bruce	$192.31
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVPEnt Risk Mgmt&Chf RiskOfcr	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Jones, Bruce	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVPEnt Risk Mgmt&Chf RiskOfcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Jones, Bruce	$209.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVPEnt Risk Mgmt&Chf RiskOfcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Jones, Bruce	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVPEnt Risk Mgmt&Chf RiskOfcr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Jones, Bruce	$211.54
	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 354/858 Rpt: 357/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Jones, Bruce	$211.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Jones, Bruce	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Jones, Bruce	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVPEnt Risk Mgmt&Chf RiskOfcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 355/858 Rpt: 358/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Kachel, Eric	$10.00
	6 Contributor address; City; State; Zip Code: Braintree, MA 02184	
8 Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 356/858 Rpt: 359/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Kachel, Eric	$10.00
	6 Contributor address; City; State; Zip Code: Braintree, MA 02184	
8 Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
06/27/2025	Kachel, Eric	$10.00
	Contributor address; City; State; Zip Code: Braintree, MA 02184	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 357/858 Rpt: 360/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Kahn, Michael	$10.00
	6 Contributor address; City; State; Zip Code Richardson, TX 75081	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Kahn, Michael	$10.00
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Kahn, Michael	$10.00
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Kahn, Michael	$10.00
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Kahn, Michael	$10.00
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 358/858 Rpt: 361/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 359/858 Rpt: 362/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Kahn, Michael	$10.00
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Kahn, Michael	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Kalla, Christine	$211.54
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Kalla, Christine	$211.54
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Kalla, Christine	$211.54
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 360/858 Rpt: 363/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
03/07/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
03/21/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
04/04/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
04/18/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 361/858 Rpt: 364/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	☐ out-of-state PAC (ID#:_____) Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 362/858 Rpt: 365/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Karam, Kamal St. Paul, MN 55102	$51.00	VP Benefit Plan Investments	Travelers Indemnity Co
01/24/2025	Karam, Kamal St. Paul, MN 55102	$51.00	VP Benefit Plan Investments	Travelers Indemnity Co
02/07/2025	Karam, Kamal St. Paul, MN 55102	$51.00	VP Benefit Plan Investments	Travelers Indemnity Co
02/21/2025	Karam, Kamal St. Paul, MN 55102	$51.00	VP Benefit Plan Investments	Travelers Indemnity Co
03/07/2025	Karam, Kamal St. Paul, MN 55102	$50.00	VP Benefit Plan Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 363/858 Rpt: 366/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Karam, Kamal **6** Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 364/858 Rpt: 367/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Karam, Kamal	$50.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Karam, Kamal	$50.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Benefit Plan Investments	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Karp, Jay	$40.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Karp, Jay	$40.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Karp, Jay	$40.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 365/858 Rpt: 368/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Karp, Jay **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Karp, Jay Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Karp, Jay Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Karp, Jay Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Karp, Jay Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Management Liab Claims	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 366/858 Rpt: 369/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Keane, Robert **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$80.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Keane, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 367/858 Rpt: 370/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Keane, Robert Hartford, CT 06183	$80.77	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/04/2025	Keane, Robert Hartford, CT 06183	$80.77	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/18/2025	Keane, Robert Hartford, CT 06183	$83.37	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/02/2025	Keane, Robert Hartford, CT 06183	$83.65	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/16/2025	Keane, Robert Hartford, CT 06183	$83.65	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 368/858 Rpt: 371/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Keane, Robert Hartford, CT 06183	$83.65	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
06/13/2025	Keane, Robert Hartford, CT 06183	$83.65	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
06/27/2025	Keane, Robert Hartford, CT 06183	$83.65	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
01/10/2025	Kearney, Brian Hartford, CT 06183	$50.00	VP Product	Travelers Indemnity Co
01/24/2025	Kearney, Brian Hartford, CT 06183	$50.00	VP Product	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 369/858 Rpt: 372/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Kearney, Brian	$50.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 370/858 Rpt: 373/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Kearney, Brian	$50.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 371/858 Rpt: 374/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Keegan, Patrick	$211.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & Enterprise CUO	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Keegan, Patrick	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Keegan, Patrick	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Keegan, Patrick	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Keegan, Patrick	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 372/858 Rpt: 375/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Keegan, Patrick Hartford, CT 06183	$211.54	SVP & Enterprise CUO	Travelers Indemnity Co
04/04/2025	Keegan, Patrick Hartford, CT 06183	$211.54	SVP & Enterprise CUO	Travelers Indemnity Co
04/18/2025	Keegan, Patrick Hartford, CT 06183	$211.54	SVP & Enterprise CUO	Travelers Indemnity Co
05/02/2025	Keegan, Patrick Hartford, CT 06183	$211.54	SVP & Enterprise CUO	Travelers Indemnity Co
05/16/2025	Keegan, Patrick Hartford, CT 06183	$211.54	SVP & Enterprise CUO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 373/858 Rpt: 376/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Keegan, Patrick	$211.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Enterprise CUO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Enterprise CUO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Enterprise CUO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 374/858 Rpt: 377/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Kelley, Patricia	$44.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Kelley, Patricia	$44.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 375/858 Rpt: 378/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Kelley, Patricia **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$44.62

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Kelley, Patricia Contributor address; City; State; Zip Code: Hartford, CT 06183	$44.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Kelley, Patricia Contributor address; City; State; Zip Code: Hartford, CT 06183	$44.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Kelley, Patricia Contributor address; City; State; Zip Code: Hartford, CT 06183	$44.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Kelley, Patricia Contributor address; City; State; Zip Code: Hartford, CT 06183	$44.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Complex Claim Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 376/858 Rpt: 379/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Kelly, Timothy New York City, NY 10017	$53.85	VP Alternative Invesments	Travelers Indemnity Co
01/24/2025	Kelly, Timothy New York City, NY 10017	$53.85	VP Alternative Invesments	Travelers Indemnity Co
02/07/2025	Kelly, Timothy New York City, NY 10017	$53.85	VP Alternative Invesments	Travelers Indemnity Co
02/21/2025	Kelly, Timothy New York City, NY 10017	$53.85	VP Alternative Invesments	Travelers Indemnity Co
03/07/2025	Kelly, Timothy New York City, NY 10017	$53.85	VP Alternative Invesments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 377/858 Rpt: 380/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$53.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$53.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.44

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 378/858 Rpt: 381/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	Kelly, Timothy New York City, NY 10017	$56.73

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Invesments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 379/858 Rpt: 382/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96	Director Claim Mgmt	Travelers Indemnity Co
02/21/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96	Director Claim Mgmt	Travelers Indemnity Co
03/07/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96	Director Claim Mgmt	Travelers Indemnity Co
03/21/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96	Director Claim Mgmt	Travelers Indemnity Co
04/04/2025	Kendrick, Michael Rancho Cordova, CA 95670	$35.96	Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 380/858 Rpt: 383/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Kendrick, Michael	$37.00
	6 Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
8 Principal occupation / Job title (See Instructions): Director Claim Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Director Claim Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 381/858 Rpt: 384/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Kendrick, Michael	$37.12
	6 Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
8 Principal occupation / Job title (See Instructions): Director Claim Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: Glens Falls, NY 12801	
Principal occupation / Job title (See Instructions): 2VP Business Center	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: Glens Falls, NY 12801	
Principal occupation / Job title (See Instructions): 2VP Business Center	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: Glens Falls, NY 12801	
Principal occupation / Job title (See Instructions): 2VP Business Center	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: Glens Falls, NY 12801	
Principal occupation / Job title (See Instructions): 2VP Business Center	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 382/858 Rpt: 385/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Kennedy, Kyle Glens Falls, NY 12801	$10.00	2VP Business Center	Travelers Indemnity Co
03/21/2025	Kennedy, Kyle Glens Falls, NY 12801	$10.00	2VP Business Center	Travelers Indemnity Co
04/04/2025	Kennedy, Kyle Glens Falls, NY 12801	$10.00	2VP Business Center	Travelers Indemnity Co
04/18/2025	Kennedy, Kyle Glens Falls, NY 12801	$10.00	2VP Business Center	Travelers Indemnity Co
05/02/2025	Kennedy, Kyle Glens Falls, NY 12801	$10.00	2VP Business Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 383/858 Rpt: 386/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle Glens Falls, NY 12801	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle Glens Falls, NY 12801	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle Glens Falls, NY 12801	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$23.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$23.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 384/858 Rpt: 387/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Kennedy, Tara	$23.56
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Claim Customer Services	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kennedy, Tara	$23.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Customer Services	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Kennedy, Tara	$23.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Customer Services	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Kennedy, Tara	$23.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Claim Customer Services	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Kennedy, Tara	$23.56
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 385/858 Rpt: 388/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.42

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 386/858 Rpt: 389/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Kennedy, Tara	$24.52
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Claim Customer Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 387/858 Rpt: 390/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Kent, Christopher	$10.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Kent, Christopher	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 388/858 Rpt: 391/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Kent, Christopher Hartford, CT 06183	$10.00	VP Risk Control	Travelers Indemnity Co
06/13/2025	Kent, Christopher Hartford, CT 06183	$10.00	VP Risk Control	Travelers Indemnity Co
06/27/2025	Kent, Christopher Hartford, CT 06183	$10.00	VP Risk Control	Travelers Indemnity Co
01/10/2025	Kess, Avrohom New York City, NY 10017	$1,000.00	Vice Chair & Chief Legal Offcr	Travelers Indemnity Co
01/24/2025	Kess, Avrohom New York City, NY 10017	$1,000.00	Vice Chair & Chief Legal Offcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 389/858 Rpt: 392/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Kess, Avrohom New York City, NY 10017	$1,000.00	Vice Chair & Chief Legal Offcr	Travelers Indemnity Co
02/21/2025	Kess, Avrohom New York City, NY 10017	$1,000.00	Vice Chair & Chief Legal Offcr	Travelers Indemnity Co
03/07/2025	Kess, Avrohom New York City, NY 10017	$1,000.00	Vice Chair & Chief Legal Offcr	Travelers Indemnity Co
01/10/2025	Kim, Annie Irvine, CA 92612	$30.77	BI Field Vice President	Travelers Indemnity Co
01/24/2025	Kim, Annie Irvine, CA 92612	$30.77	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 390/858 Rpt: 393/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Kim, Annie **6** Contributor address; City; State; Zip Code: Irvine, CA 92612	$30.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kim, Annie Contributor address; City; State; Zip Code: Irvine, CA 92612	$30.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Kim, Annie Contributor address; City; State; Zip Code: Irvine, CA 92612	$30.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Kim, Annie Contributor address; City; State; Zip Code: Irvine, CA 92612	$30.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Kim, Annie Contributor address; City; State; Zip Code: Irvine, CA 92612	$30.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 391/858 Rpt: 394/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Kim, Annie	$30.77
	6 Contributor address; City; State; Zip Code: Irvine, CA 92612	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 392/858 Rpt: 395/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Kim, Annie Irvine, CA 92612	$30.77	BI Field Vice President	Travelers Indemnity Co
01/24/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
02/07/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
02/21/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
03/07/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 393/858 Rpt: 396/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
04/04/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
04/18/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/02/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
05/16/2025	Kirkwood, Dawn Hartford, CT 06183	$64.90	2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Each row: ☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 394/858 Rpt: 397/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Kirkwood, Dawn Hartford, CT 06183	$64.90

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Kirkwood, Dawn Hartford, CT 06183	$64.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Kirkwood, Dawn Hartford, CT 06183	$64.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Klein, Michael Hartford, CT 06183	$307.69

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Klein, Michael Hartford, CT 06183	$307.69

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 395/858 Rpt: 398/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Klein, Michael	$307.69
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		**9** Employer (See Instructions) Travelers Indemnity Co
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Klein, Michael	$307.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Klein, Michael	$307.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Klein, Michael	$307.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Klein, Michael	$307.69
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 396/858 Rpt: 399/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Klein, Michael **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$325.00
8 Principal occupation / Job title (See Instructions): EVP & Pres Personal Insurance	**9** Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Klein, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$326.92
Principal occupation / Job title (See Instructions): EVP & Pres Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Klein, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$326.92
Principal occupation / Job title (See Instructions): EVP & Pres Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
05/30/2025	Klein, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$326.92
Principal occupation / Job title (See Instructions): EVP & Pres Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Klein, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$326.92
Principal occupation / Job title (See Instructions): EVP & Pres Personal Insurance	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 397/858 Rpt: 400/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	Klein, Michael Hartford, CT 06183	$326.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 398/858 Rpt: 401/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Knudson, Kim	$28.65
	6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Knudson, Kim	$28.65
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Knudson, Kim	$28.65
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Knudson, Kim	$28.65
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Knudson, Kim	$28.65
	Contributor address; City; State; Zip Code Phoenix, AZ 85050	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 399/858 Rpt: 402/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Knudson, Kim Phoenix, AZ 85050	$28.65

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Knudson, Kim Phoenix, AZ 85050	$28.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$23.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Analytics&Rsrch	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 400/858 Rpt: 403/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Krechko, Jared **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
8 Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Krechko, Jared Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Krechko, Jared Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Krechko, Jared Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Krechko, Jared Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 401/858 Rpt: 404/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$50.00	2VP Analytics&Rsrch	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$50.00	2VP Analytics&Rsrch	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$50.00	2VP Analytics&Rsrch	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$50.00	2VP Analytics&Rsrch	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Krechko, Jared Hartford, CT 06183	$50.00	2VP Analytics&Rsrch	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 402/858 Rpt: 405/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Krechko, Jared	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Analytics&Rsrch	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 403/858 Rpt: 406/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Kreuzer, Robert Hartford, CT 06183	$126.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Kreuzer, Robert Hartford, CT 06183	$126.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Kreuzer, Robert Hartford, CT 06183	$126.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Kreuzer, Robert Hartford, CT 06183	$126.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Kreuzer, Robert Hartford, CT 06183	$126.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 404/858 Rpt: 407/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Kreuzer, Robert	$126.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Krsul, Timothy	$22.26
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 405/858 Rpt: 408/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Krsul, Timothy	$22.26
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Krsul, Timothy	$22.26
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Krsul, Timothy	$22.26
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Krsul, Timothy	$22.26
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Krsul, Timothy	$22.26
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 406/858 Rpt: 409/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Krsul, Timothy St. Paul, MN 55102	$22.96	MD & Counsel Bond & SI	Travelers Indemnity Co
05/02/2025	Krsul, Timothy St. Paul, MN 55102	$23.04	MD & Counsel Bond & SI	Travelers Indemnity Co
05/16/2025	Krsul, Timothy St. Paul, MN 55102	$23.04	MD & Counsel Bond & SI	Travelers Indemnity Co
05/30/2025	Krsul, Timothy St. Paul, MN 55102	$23.04	MD & Counsel Bond & SI	Travelers Indemnity Co
06/13/2025	Krsul, Timothy St. Paul, MN 55102	$23.04	MD & Counsel Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 407/858 Rpt: 410/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Krsul, Timothy	$23.04
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
MD & Counsel Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 408/858 Rpt: 411/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Kurtzman, Diane New York City, NY 10017	$20.00	EVP and Chief HR Officer	Travelers Indemnity Co
03/21/2025	Kurtzman, Diane New York City, NY 10017	$20.00	EVP and Chief HR Officer	Travelers Indemnity Co
04/04/2025	Kurtzman, Diane New York City, NY 10017	$20.00	EVP and Chief HR Officer	Travelers Indemnity Co
04/18/2025	Kurtzman, Diane New York City, NY 10017	$20.00	EVP and Chief HR Officer	Travelers Indemnity Co
05/02/2025	Kurtzman, Diane New York City, NY 10017	$20.00	EVP and Chief HR Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 409/858 Rpt: 412/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Kurtzman, Diane **6** Contributor address; City; State; Zip Code: New York City, NY 10017	$20.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Kurtzman, Diane Contributor address; City; State; Zip Code: New York City, NY 10017	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Kurtzman, Diane Contributor address; City; State; Zip Code: New York City, NY 10017	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP and Chief HR Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Lafferty, Jana Contributor address; City; State; Zip Code: Knoxville, TN 37932	$14.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Lafferty, Jana Contributor address; City; State; Zip Code: Knoxville, TN 37932	$14.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 410/858 Rpt: 413/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Lafferty, Jana	$14.90
	6 Contributor address; City; State; Zip Code Knoxville, TN 37932	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Lafferty, Jana	$14.90
	Contributor address; City; State; Zip Code Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Lafferty, Jana	$14.90
	Contributor address; City; State; Zip Code Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Lafferty, Jana	$14.90
	Contributor address; City; State; Zip Code Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Lafferty, Jana	$14.90
	Contributor address; City; State; Zip Code Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 411/858 Rpt: 414/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Lafferty, Jana Knoxville, TN 37932	$15.51

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Lafferty, Jana Knoxville, TN 37932	$15.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Lafferty, Jana Knoxville, TN 37932	$15.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Lafferty, Jana Knoxville, TN 37932	$15.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Lafferty, Jana Knoxville, TN 37932	$15.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 412/858 Rpt: 415/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Lafferty, Jana	$15.58
	6 Contributor address; City; State; Zip Code: Knoxville, TN 37932	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Learning & Dev	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 413/858 Rpt: 416/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Lamari, Kim	$20.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Ceded Re Accounting	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 414/858 Rpt: 417/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Lamari, Kim	Hartford, CT 06183	$20.00	2VP Ceded Re Accounting	Travelers Indemnity Co
06/13/2025	Lamari, Kim	Hartford, CT 06183	$20.00	2VP Ceded Re Accounting	Travelers Indemnity Co
06/27/2025	Lamari, Kim	Hartford, CT 06183	$20.00	2VP Ceded Re Accounting	Travelers Indemnity Co
01/10/2025	Landmark, Gregory	St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co
01/24/2025	Landmark, Gregory	St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 415/858 Rpt: 418/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co
02/21/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co
03/07/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co
03/21/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co
04/04/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards	Travelers Indemnity Co

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 416/858 Rpt: 419/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Landmark, Gregory	$20.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Total Rewards	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Total Rewards	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Total Rewards	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Total Rewards	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Total Rewards	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 417/858 Rpt: 420/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Larkin, Courtney	$86.54
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Larkin, Courtney	$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Larkin, Courtney	$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Larkin, Courtney	$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Larkin, Courtney	$86.54
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 418/858 Rpt: 421/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Larkin, Courtney Hartford, CT 06183	$86.54	VP Gov't Relations	Travelers Indemnity Co
04/04/2025	Larkin, Courtney Hartford, CT 06183	$86.54	VP Gov't Relations	Travelers Indemnity Co
04/18/2025	Larkin, Courtney Hartford, CT 06183	$90.43	VP Gov't Relations	Travelers Indemnity Co
05/02/2025	Larkin, Courtney Hartford, CT 06183	$90.87	VP Gov't Relations	Travelers Indemnity Co
05/16/2025	Larkin, Courtney Hartford, CT 06183	$90.87	VP Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 419/858 Rpt: 422/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Larkin, Courtney	$90.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 420/858 Rpt: 423/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Larsen, Kirk	$25.00
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
8 Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 421/858 Rpt: 424/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Larsen, Kirk	$25.00
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Larsen, Kirk	$25.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 422/858 Rpt: 425/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Latella, Joseph	$20.87
	6 Contributor address; City; State; Zip Code: Rome, NY 13440	
8 Principal occupation / Job title (See Instructions): Sr. Dir Nat'l Retail Accts-PI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Latella, Joseph	$20.87
	Contributor address; City; State; Zip Code: Rome, NY 13440	
Principal occupation / Job title (See Instructions): Sr. Dir Nat'l Retail Accts-PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Latella, Joseph	$20.87
	Contributor address; City; State; Zip Code: Rome, NY 13440	
Principal occupation / Job title (See Instructions): Sr. Dir Nat'l Retail Accts-PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Latella, Joseph	$20.87
	Contributor address; City; State; Zip Code: Rome, NY 13440	
Principal occupation / Job title (See Instructions): Sr. Dir Nat'l Retail Accts-PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Latella, Joseph	$20.87
	Contributor address; City; State; Zip Code: Rome, NY 13440	
Principal occupation / Job title (See Instructions): Sr. Dir Nat'l Retail Accts-PI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 423/858 Rpt: 426/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Latella, Joseph **6** Contributor address; City; State; Zip Code: Rome, NY 13440	$20.87

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Latella, Joseph Contributor address; City; State; Zip Code: Rome, NY 13440	$20.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Latella, Joseph Contributor address; City; State; Zip Code: Rome, NY 13440	$21.82

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Latella, Joseph Contributor address; City; State; Zip Code: Rome, NY 13440	$21.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Latella, Joseph Contributor address; City; State; Zip Code: Rome, NY 13440	$21.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 424/858 Rpt: 427/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Latella, Joseph Rome, NY 13440	$21.92	Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co
06/13/2025	Latella, Joseph Rome, NY 13440	$21.92	Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co
06/27/2025	Latella, Joseph Rome, NY 13440	$21.92	Sr. Dir Nat'l Retail Accts-PI	Travelers Indemnity Co
01/10/2025	Lavelle, Martin Hartford, CT 06183	$81.63	Managing Counsel	Travelers Indemnity Co
01/24/2025	Lavelle, Martin Hartford, CT 06183	$81.63	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 425/858 Rpt: 428/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Lavelle, Martin	$81.63
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Managing Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Lavelle, Martin	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Lavelle, Martin	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Lavelle, Martin	$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	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Lavelle, Martin	$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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 426/858 Rpt: 429/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Lavelle, Martin	$86.05
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Managing Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Lavelle, Martin	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Managing Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Lavelle, Martin	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Managing Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Lavelle, Martin	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Managing Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Lavelle, Martin	$86.54
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 427/858 Rpt: 430/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Lavelle, Martin	$86.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 428/858 Rpt: 431/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Lawrence, Nicole	$20.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Northland	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 429/858 Rpt: 432/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Lawrence, Nicole	$20.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): RVP Northland	**9** Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Northland	Employer (See Instructions): Travelers Indemnity Co	
06/27/2025	Lawrence, Nicole	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Northland	Employer (See Instructions): Travelers Indemnity Co	
01/10/2025	Lear, Mark	$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	
01/24/2025	Lear, Mark	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 430/858 Rpt: 433/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Lear, Mark St. Louis, MO 63146	$75.00	RVP Bond & SI	Travelers Indemnity Co
02/21/2025	Lear, Mark St. Louis, MO 63146	$75.00	RVP Bond & SI	Travelers Indemnity Co
03/07/2025	Lear, Mark St. Louis, MO 63146	$75.00	RVP Bond & SI	Travelers Indemnity Co
03/21/2025	Lear, Mark St. Louis, MO 63146	$75.00	RVP Bond & SI	Travelers Indemnity Co
04/04/2025	Lear, Mark St. Louis, MO 63146	$75.00	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 431/858 Rpt: 434/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Lear, Mark St. Louis, MO 63146	$77.60	RVP Bond & SI	Travelers Indemnity Co
05/02/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
05/16/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
05/30/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
06/13/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 432/858 Rpt: 435/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
01/10/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
01/24/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
02/07/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
02/21/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 433/858 Rpt: 436/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
03/21/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
04/04/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
04/18/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co
05/02/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr. Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 434/858 Rpt: 437/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Leenders, Lisa Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr. Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Leenders, Lisa Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Leenders, Lisa Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Lefebvre, Mojgan Belmont, MA 02478	$278.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Tech & Ops Officer	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Lefebvre, Mojgan Belmont, MA 02478	$278.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Tech & Ops Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 435/858 Rpt: 438/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
02/21/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
03/07/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
03/21/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
04/04/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 436/858 Rpt: 439/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Lefebvre, Mojgan **6** Contributor address; City; State; Zip Code: Belmont, MA 02478	$278.85
8 Principal occupation / Job title (See Instructions): EVP & Chief Tech & Ops Officer	**9** Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Lefebvre, Mojgan Contributor address; City; State; Zip Code: Belmont, MA 02478	$278.85
Principal occupation / Job title (See Instructions): EVP & Chief Tech & Ops Officer	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Lefebvre, Mojgan Contributor address; City; State; Zip Code: Belmont, MA 02478	$278.85
Principal occupation / Job title (See Instructions): EVP & Chief Tech & Ops Officer	Employer (See Instructions): Travelers Indemnity Co	
05/30/2025	Lefebvre, Mojgan Contributor address; City; State; Zip Code: Belmont, MA 02478	$278.85
Principal occupation / Job title (See Instructions): EVP & Chief Tech & Ops Officer	Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Lefebvre, Mojgan Contributor address; City; State; Zip Code: Belmont, MA 02478	$278.85
Principal occupation / Job title (See Instructions): EVP & Chief Tech & Ops Officer	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 437/858 Rpt: 440/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Lefebvre, Mojgan	$278.85
	6 Contributor address; City; State; Zip Code: Belmont, MA 02478	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Chief Tech & Ops Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 438/858 Rpt: 441/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Lego, Raymond	$40.96
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Lego, Raymond	$40.96
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 439/858 Rpt: 442/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
05/30/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
06/13/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
06/27/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
01/10/2025	Leonard, Thomas West Bridgewater, MA 02379	$66.35	Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 440/858 Rpt: 443/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Leonard, Thomas **6** Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 441/858 Rpt: 444/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Leonard, Thomas **6** Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$66.35

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$70.24

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Leonard, Thomas Contributor address; City; State; Zip Code West Bridgewater, MA 02379	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 442/858 Rpt: 445/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Leonard, Thomas **6** Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$70.67

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Leonard, Thomas Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Leung-Perez, Anna Contributor address; City; State; Zip Code: Glendale, CA 91203	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Leung-Perez, Anna Contributor address; City; State; Zip Code: Glendale, CA 91203	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Leung-Perez, Anna Contributor address; City; State; Zip Code: Glendale, CA 91203	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 443/858 Rpt: 446/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Leung-Perez, Anna	$20.00
	6 Contributor address; City; State; Zip Code Glendale, CA 91203	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Leung-Perez, Anna	$20.00
	Contributor address; City; State; Zip Code Glendale, CA 91203	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Leung-Perez, Anna	$20.00
	Contributor address; City; State; Zip Code Glendale, CA 91203	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Leung-Perez, Anna	$20.00
	Contributor address; City; State; Zip Code Glendale, CA 91203	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Leung-Perez, Anna	$20.00
	Contributor address; City; State; Zip Code Glendale, CA 91203	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 444/858 Rpt: 447/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Leung-Perez, Anna Glendale, CA 91203	$20.00	RVP Commercial Accounts	Travelers Indemnity Co
06/13/2025	Leung-Perez, Anna Glendale, CA 91203	$20.00	RVP Commercial Accounts	Travelers Indemnity Co
06/27/2025	Leung-Perez, Anna Glendale, CA 91203	$20.00	RVP Commercial Accounts	Travelers Indemnity Co
01/10/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
01/24/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 445/858 Rpt: 448/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Levine, Mark	$15.00
	6 Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 446/858 Rpt: 449/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Levine, Mark	$15.00
	6 Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Levine, Mark	$15.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 447/858 Rpt: 450/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Lim, Eunjin **6** Contributor address; City; State; Zip Code: Glendale, CA 91203	$21.54

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Lim, Eunjin Contributor address; City; State; Zip Code: Glendale, CA 91203	$21.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Lim, Eunjin Contributor address; City; State; Zip Code: Glendale, CA 91203	$21.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Lim, Eunjin Contributor address; City; State; Zip Code: Glendale, CA 91203	$21.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Lim, Eunjin Contributor address; City; State; Zip Code: Glendale, CA 91203	$21.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 448/858 Rpt: 451/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Lim, Eunjin Glendale, CA 91203	$21.54	Managing Dir Comml Accts	Travelers Indemnity Co
04/04/2025	Lim, Eunjin Glendale, CA 91203	$21.54	Managing Dir Comml Accts	Travelers Indemnity Co
04/18/2025	Lim, Eunjin Glendale, CA 91203	$21.97	Managing Dir Comml Accts	Travelers Indemnity Co
05/02/2025	Lim, Eunjin Glendale, CA 91203	$22.02	Managing Dir Comml Accts	Travelers Indemnity Co
05/16/2025	Lim, Eunjin Glendale, CA 91203	$22.02	Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 449/858 Rpt: 452/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Lim, Eunjin	$22.02
	6 Contributor address; City; State; Zip Code: Glendale, CA 91203	
8 Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Glendale, CA 91203	
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Glendale, CA 91203	
Principal occupation / Job title (See Instructions): Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Linehan, Patrick	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Linehan, Patrick	$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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 450/858 Rpt: 453/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Linehan, Patrick New York City, NY 10017	$148.08	SVP Corporate Communications	Travelers Indemnity Co
02/21/2025	Linehan, Patrick New York City, NY 10017	$148.08	SVP Corporate Communications	Travelers Indemnity Co
03/07/2025	Linehan, Patrick New York City, NY 10017	$148.08	SVP Corporate Communications	Travelers Indemnity Co
03/21/2025	Linehan, Patrick New York City, NY 10017	$148.08	SVP Corporate Communications	Travelers Indemnity Co
04/04/2025	Linehan, Patrick New York City, NY 10017	$148.08	SVP Corporate Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 451/858 Rpt: 454/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Linehan, Patrick New York City, NY 10017	$153.27	SVP Corporate Communications	Travelers Indemnity Co
05/02/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
05/16/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
05/30/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
06/13/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 452/858 Rpt: 455/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
01/10/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
01/24/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
02/07/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
02/21/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 453/858 Rpt: 456/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
03/21/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
04/04/2025	Llompart-Coley, Margarita Hartford, CT 06183	$40.77	2VP Affinity	Travelers Indemnity Co
04/18/2025	Llompart-Coley, Margarita Hartford, CT 06183	$41.63	2VP Affinity	Travelers Indemnity Co
05/02/2025	Llompart-Coley, Margarita Hartford, CT 06183	$41.73	2VP Affinity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 454/858 Rpt: 457/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Llompart-Coley, Margarita	$41.73
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Llompart-Coley, Margarita	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Llompart-Coley, Margarita	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Llompart-Coley, Margarita	$41.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Affinity	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Loperfido, Dennis	$75.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 455/858 Rpt: 458/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Loperfido, Dennis	$75.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Loperfido, Dennis	$75.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Loperfido, Dennis	$75.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Loperfido, Dennis	$75.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Loperfido, Dennis	$75.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 456/858 Rpt: 459/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Loperfido, Dennis St. Paul, MN 55102	$75.00	VP HD of FI Research	Travelers Indemnity Co
04/18/2025	Loperfido, Dennis St. Paul, MN 55102	$75.00	VP HD of FI Research	Travelers Indemnity Co
05/02/2025	Loperfido, Dennis St. Paul, MN 55102	$75.00	VP HD of FI Research	Travelers Indemnity Co
05/16/2025	Loperfido, Dennis St. Paul, MN 55102	$75.00	VP HD of FI Research	Travelers Indemnity Co
06/13/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	VP HD of FI Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 457/858 Rpt: 460/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Loperfido, Dennis	$100.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HD of FI Research	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Lord, John	$140.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Property UW Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Lord, John	$140.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Property UW Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Lord, John	$140.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Property UW Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Lord, John	$140.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Property UW Officer	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 458/858 Rpt: 461/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
03/21/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
04/04/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
04/18/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
05/02/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 459/858 Rpt: 462/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
05/30/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
06/13/2025	Lord, John Hartford, CT 06183	$140.38	SVP Chief Property UW Officer	TCI Global Services Inc
06/27/2025	Lord, John Hartford, CT 06183	$160.58	SVP Chief Property UW Officer	TCI Global Services Inc
01/10/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 460/858 Rpt: 463/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
02/07/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
02/21/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
03/07/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
03/21/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 461/858 Rpt: 464/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Lusk, Venus	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Lusk, Venus	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Lusk, Venus	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Lusk, Venus	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Lusk, Venus	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 462/858 Rpt: 465/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Lusk, Venus	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	MacCallum, Corinne	$45.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	MacCallum, Corinne	$45.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	MacCallum, Corinne	$45.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	MacCallum, Corinne	$45.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 463/858 Rpt: 466/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	MacCallum, Corinne Hartford, CT 06183	$45.58	2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co
03/21/2025	MacCallum, Corinne Hartford, CT 06183	$45.58	2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co
04/04/2025	MacCallum, Corinne Hartford, CT 06183	$45.58	2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co
04/18/2025	MacCallum, Corinne Hartford, CT 06183	$46.62	2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co
05/02/2025	MacCallum, Corinne Hartford, CT 06183	$46.73	2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 464/858 Rpt: 467/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	MacCallum, Corinne	$46.73
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP CEM & Lrg Acct Specialist	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Magendantz, Christopher	$119.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 465/858 Rpt: 468/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Magendantz, Christopher	$119.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP UW MM Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Magendantz, Christopher	$119.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Magendantz, Christopher	$119.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Magendantz, Christopher	$119.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Magendantz, Christopher	$119.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW MM Property	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 466/858 Rpt: 469/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Magendantz, Christopher Hartford, CT 06183	$122.69	VP UW MM Property	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Magendantz, Christopher Hartford, CT 06183	$123.08	VP UW MM Property	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Magendantz, Christopher Hartford, CT 06183	$123.08	VP UW MM Property	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Magendantz, Christopher Hartford, CT 06183	$123.08	VP UW MM Property	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Magendantz, Christopher Hartford, CT 06183	$123.08	VP UW MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 467/858 Rpt: 470/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Magendantz, Christopher	$123.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW MM Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 468/858 Rpt: 471/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Mandelker, Stacy	$67.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Mandelker, Stacy	$67.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Mandelker, Stacy	$70.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Mandelker, Stacy	$70.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 469/858 Rpt: 472/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
05/30/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
06/13/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
06/27/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
01/10/2025	Mannoochahr, Mano Hartford, CT 06183	$57.69	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 470/858 Rpt: 473/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Mannoochahr, Mano Hartford, CT 06183	$57.69	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co
02/07/2025	Mannoochahr, Mano Hartford, CT 06183	$57.69	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co
02/21/2025	Mannoochahr, Mano Hartford, CT 06183	$57.69	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co
03/07/2025	Mannoochahr, Mano Hartford, CT 06183	$57.69	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co
03/21/2025	Mannoochahr, Mano Hartford, CT 06183	$28.85	SVP Chief Data&Analytics Ofcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 471/858 Rpt: 474/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
01/24/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
02/07/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
02/21/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
03/07/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 472/858 Rpt: 475/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
04/04/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
04/18/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
05/02/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co
05/16/2025	Mariani, Leonard Hartford, CT 06183	$38.46	SVP National Markets	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 473/858 Rpt: 476/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Mariani, Leonard	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP National Markets	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP National Markets	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP National Markets	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Marino, Mark	$20.80
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Marino, Mark	$20.80
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 474/858 Rpt: 477/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Marino, Mark Philadelphia, PA 19102	$20.80	2VP Bond & SI	Travelers Indemnity Co
02/21/2025	Marino, Mark Philadelphia, PA 19102	$20.80	2VP Bond & SI	Travelers Indemnity Co
03/07/2025	Marino, Mark Philadelphia, PA 19102	$20.80	2VP Bond & SI	Travelers Indemnity Co
03/21/2025	Marino, Mark Philadelphia, PA 19102	$20.80	2VP Bond & SI	Travelers Indemnity Co
04/04/2025	Marino, Mark Philadelphia, PA 19102	$20.80	2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 475/858 Rpt: 478/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Marino, Mark Philadelphia, PA 19102	$21.30	2VP Bond & SI	Travelers Indemnity Co
05/02/2025	Marino, Mark Philadelphia, PA 19102	$21.36	2VP Bond & SI	Travelers Indemnity Co
05/16/2025	Marino, Mark Philadelphia, PA 19102	$21.36	2VP Bond & SI	Travelers Indemnity Co
05/30/2025	Marino, Mark Philadelphia, PA 19102	$21.36	2VP Bond & SI	Travelers Indemnity Co
06/13/2025	Marino, Mark Philadelphia, PA 19102	$21.36	2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 476/858 Rpt: 479/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	Marino, Mark Philadelphia, PA 19102	$21.36

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	Marshall, Eric Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	Marshall, Eric Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Marshall, Eric Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Marshall, Eric Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 477/858 Rpt: 480/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
03/21/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
04/04/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
04/18/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
05/02/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 478/858 Rpt: 481/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
06/13/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
06/27/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir Bond & SI	Travelers Indemnity Co
01/24/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co
02/07/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 479/858 Rpt: 482/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co
03/07/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co
03/21/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co
04/04/2025	Mathieson, Travis Hudson, MA 01749	$38.46	UW Officer MM Property	Travelers Indemnity Co
04/18/2025	Mathieson, Travis Hudson, MA 01749	$41.06	UW Officer MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 480/858 Rpt: 483/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Mathieson, Travis Hudson, MA 01749	$41.35	UW Officer MM Property	Travelers Indemnity Co
05/16/2025	Mathieson, Travis Hudson, MA 01749	$41.35	UW Officer MM Property	Travelers Indemnity Co
05/30/2025	Mathieson, Travis Hudson, MA 01749	$41.35	UW Officer MM Property	Travelers Indemnity Co
06/13/2025	Mathieson, Travis Hudson, MA 01749	$41.35	UW Officer MM Property	Travelers Indemnity Co
06/27/2025	Mathieson, Travis Hudson, MA 01749	$41.35	UW Officer MM Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 481/858 Rpt: 484/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
02/07/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
02/21/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
03/07/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
03/21/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 482/858 Rpt: 485/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
04/18/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
05/02/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
05/16/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
06/13/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 483/858 Rpt: 486/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Dir Field Mgmt	Travelers Indemnity Co
01/10/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
01/24/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
02/07/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
02/21/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 484/858 Rpt: 487/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
03/21/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
04/04/2025	McBrien, Peter Hartford, CT 06183	$41.63	VP Circle Lead	Travelers Indemnity Co
04/18/2025	McBrien, Peter Hartford, CT 06183	$42.67	VP Circle Lead	Travelers Indemnity Co
05/02/2025	McBrien, Peter Hartford, CT 06183	$42.79	VP Circle Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 485/858 Rpt: 488/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) McBrien, Peter Hartford, CT 06183	$42.79

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Circle Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) McBrien, Peter Hartford, CT 06183	$42.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Circle Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) McBrien, Peter Hartford, CT 06183	$42.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Circle Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) McBrien, Peter Hartford, CT 06183	$42.79

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Circle Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) McCormack, Karen Hebron, CT 06248	$16.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 486/858 Rpt: 489/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	McCormack, Karen	$16.66
	6 Contributor address; City; State; Zip Code: Hebron, CT 06248	
8 Principal occupation / Job title (See Instructions): 2VP Complex Clm Liab Spec	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 06248	
Principal occupation / Job title (See Instructions): 2VP Complex Clm Liab Spec	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 06248	
Principal occupation / Job title (See Instructions): 2VP Complex Clm Liab Spec	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 06248	
Principal occupation / Job title (See Instructions): 2VP Complex Clm Liab Spec	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 06248	
Principal occupation / Job title (See Instructions): 2VP Complex Clm Liab Spec	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 487/858 Rpt: 490/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	McCormack, Karen **6** Contributor address; City; State; Zip Code Hebron, CT 06248	$16.66

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	McCormack, Karen Contributor address; City; State; Zip Code Hebron, CT 06248	$16.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	McCormack, Karen Contributor address; City; State; Zip Code Hebron, CT 06248	$16.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	McCormack, Karen Contributor address; City; State; Zip Code Hebron, CT 06248	$16.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	McCormack, Karen Contributor address; City; State; Zip Code Hebron, CT 06248	$16.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 488/858 Rpt: 491/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	McCormack, Karen	$16.66
	6 Contributor address; City; State; Zip Code: Hebron, CT 06248	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Complex Clm Liab Spec	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	McHenry, Lauren	$20.67
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	McHenry, Lauren	$20.67
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	McHenry, Lauren	$20.67
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	McHenry, Lauren	$20.67
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 489/858 Rpt: 492/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	McHenry, Lauren **6** Contributor address; City; State; Zip Code Centennial, CO 80112	$20.67

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	McHenry, Lauren Contributor address; City; State; Zip Code Centennial, CO 80112	$20.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	McHenry, Lauren Contributor address; City; State; Zip Code Centennial, CO 80112	$20.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	McHenry, Lauren Contributor address; City; State; Zip Code Centennial, CO 80112	$21.97

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	McHenry, Lauren Contributor address; City; State; Zip Code Centennial, CO 80112	$22.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bus Proc Effctvnss UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 490/858 Rpt: 493/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	McHenry, Lauren Centennial, CO 80112	$22.12	2VP Bus Proc Effctvnss UW	Travelers Indemnity Co
05/30/2025	McHenry, Lauren Centennial, CO 80112	$22.12	2VP Bus Proc Effctvnss UW	Travelers Indemnity Co
06/13/2025	McHenry, Lauren Centennial, CO 80112	$22.12	2VP Bus Proc Effctvnss UW	Travelers Indemnity Co
06/27/2025	McHenry, Lauren Centennial, CO 80112	$22.12	2VP Bus Proc Effctvnss UW	Travelers Indemnity Co
01/10/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 491/858 Rpt: 494/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
02/07/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
02/21/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
03/07/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co
03/21/2025	McPadden, Michael Windsor, CT 06095	$39.62	2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 492/858 Rpt: 495/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	McPadden, Michael	$39.62
	6 Contributor address; City; State; Zip Code: Windsor, CT 06095	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	McPadden, Michael	$40.48
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	McPadden, Michael	$40.58
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	McPadden, Michael	$40.58
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	McPadden, Michael	$40.58
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 493/858 Rpt: 496/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) McPadden, Michael Windsor, CT 06095	$40.58

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) McPadden, Michael Windsor, CT 06095	$40.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) McPhee, Scott Hartford, CT 06183	$39.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) McPhee, Scott Hartford, CT 06183	$39.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) McPhee, Scott Hartford, CT 06183	$39.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 494/858 Rpt: 497/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	McPhee, Scott	Hartford, CT 06183	$39.62	2VP Actuarial & Analytics	Travelers Indemnity Co
03/07/2025	McPhee, Scott	Hartford, CT 06183	$39.62	2VP Actuarial & Analytics	Travelers Indemnity Co
03/21/2025	McPhee, Scott	Hartford, CT 06183	$39.62	2VP Actuarial & Analytics	Travelers Indemnity Co
04/04/2025	McPhee, Scott	Hartford, CT 06183	$39.62	2VP Actuarial & Analytics	Travelers Indemnity Co
04/18/2025	McPhee, Scott	Hartford, CT 06183	$40.45	2VP Actuarial & Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 495/858 Rpt: 498/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	McPhee, Scott	$40.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Actuarial & Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	McPhee, Scott	$40.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	McPhee, Scott	$40.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	McPhee, Scott	$40.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	McPhee, Scott	$40.54
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 496/858 Rpt: 499/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Meehan, Jessica St. Paul, MN 55102	$21.44	2VP Human Resources	Travelers Indemnity Co
02/07/2025	Meehan, Jessica St. Paul, MN 55102	$21.44	2VP Human Resources	Travelers Indemnity Co
02/21/2025	Meehan, Jessica St. Paul, MN 55102	$21.44	2VP Human Resources	Travelers Indemnity Co
03/07/2025	Meehan, Jessica St. Paul, MN 55102	$22.74	2VP Human Resources	Travelers Indemnity Co
03/21/2025	Meehan, Jessica St. Paul, MN 55102	$24.04	2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 497/858 Rpt: 500/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Meehan, Jessica	$24.04
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Meehan, Jessica	$24.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Meehan, Jessica	$24.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Meehan, Jessica	$24.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Meehan, Jessica	$24.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 498/858 Rpt: 501/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Meehan, Jessica St. Paul, MN 55102	$24.04	2VP Human Resources	Travelers Indemnity Co
06/27/2025	Meehan, Jessica St. Paul, MN 55102	$24.04	2VP Human Resources	Travelers Indemnity Co
01/10/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
01/24/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
02/07/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 499/858 Rpt: 502/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
03/07/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
03/21/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
04/04/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co
04/18/2025	Meintjes, Johannes Centennial, CO 80112	$15.00	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 500/858 Rpt: 503/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Meintjes, Johannes	$15.00
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Meintjes, Johannes	$15.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Meintjes, Johannes	$15.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Meintjes, Johannes	$15.00
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Melillo, Lisa	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 501/858 Rpt: 504/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
02/07/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
02/21/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
03/07/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
03/21/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 502/858 Rpt: 505/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Melillo, Lisa	$50.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Melillo, Lisa	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Melillo, Lisa	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Melillo, Lisa	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Melillo, Lisa	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 503/858 Rpt: 506/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Melillo, Lisa	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Messner, George	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Messner, George	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Messner, George	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Messner, George	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 504/858 Rpt: 507/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Messner, George Hartford, CT 06183	$66.92	2VP Product Mgr III Select	Travelers Indemnity Co
03/21/2025	Messner, George Hartford, CT 06183	$33.46	2VP Product Mgr III Select	Travelers Indemnity Co
04/04/2025	Messner, George Hartford, CT 06183	$41.83	2VP Product Mgr III Select	Travelers Indemnity Co
04/18/2025	Messner, George Hartford, CT 06183	$86.25	2VP Product Mgr III Select	Travelers Indemnity Co
05/02/2025	Messner, George Hartford, CT 06183	$86.54	2VP Product Mgr III Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 505/858 Rpt: 508/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Messner, George **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$86.54

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Messner, George Contributor address; City; State; Zip Code Hartford, CT 06183	$86.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Messner, George Contributor address; City; State; Zip Code Hartford, CT 06183	$86.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Messner, George Contributor address; City; State; Zip Code Hartford, CT 06183	$86.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product Mgr III Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP & Counsel Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 506/858 Rpt: 509/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co
02/07/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co
02/21/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co
03/07/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co
03/21/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 507/858 Rpt: 510/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Miletti, John Hartford, CT 06183	$75.00	VP & Counsel Gov't Relations	Travelers Indemnity Co
04/18/2025	Miletti, John Hartford, CT 06183	$78.25	VP & Counsel Gov't Relations	Travelers Indemnity Co
05/02/2025	Miletti, John Hartford, CT 06183	$78.61	VP & Counsel Gov't Relations	Travelers Indemnity Co
05/16/2025	Miletti, John Hartford, CT 06183	$78.61	VP & Counsel Gov't Relations	Travelers Indemnity Co
05/30/2025	Miletti, John Hartford, CT 06183	$78.61	VP & Counsel Gov't Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 508/858 Rpt: 511/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Miletti, John **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP & Counsel Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP & Counsel Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$130.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel-SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$130.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel-SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Miley, Robert Contributor address; City; State; Zip Code Hartford, CT 06183	$130.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group Gen Counsel-SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 509/858 Rpt: 512/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Miley, Robert Hartford, CT 06183	$130.77	Group Gen Counsel-SRG	Travelers Indemnity Co
03/07/2025	Miley, Robert Hartford, CT 06183	$130.77	Group Gen Counsel-SRG	Travelers Indemnity Co
03/21/2025	Miley, Robert Hartford, CT 06183	$130.77	Group Gen Counsel-SRG	Travelers Indemnity Co
04/04/2025	Miley, Robert Hartford, CT 06183	$130.77	Group Gen Counsel-SRG	Travelers Indemnity Co
04/18/2025	Miley, Robert Hartford, CT 06183	$139.42	Group Gen Counsel-SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 510/858 Rpt: 513/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Miley, Robert Hartford, CT 06183	$140.38	Group Gen Counsel-SRG	Travelers Indemnity Co
05/16/2025	Miley, Robert Hartford, CT 06183	$140.38	Group Gen Counsel-SRG	Travelers Indemnity Co
05/30/2025	Miley, Robert Hartford, CT 06183	$140.38	Group Gen Counsel-SRG	Travelers Indemnity Co
06/13/2025	Miley, Robert Hartford, CT 06183	$140.38	Group Gen Counsel-SRG	Travelers Indemnity Co
06/27/2025	Miley, Robert Hartford, CT 06183	$140.38	Group Gen Counsel-SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 511/858 Rpt: 514/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
01/24/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
02/07/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
02/21/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
03/07/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 512/858 Rpt: 515/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
04/04/2025	Mills, Timothy Centennial, CO 80112	$61.15	RVP SRG	Travelers Indemnity Co
04/18/2025	Mills, Timothy Centennial, CO 80112	$64.27	RVP SRG	Travelers Indemnity Co
05/02/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
05/16/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 513/858 Rpt: 516/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Mills, Timothy	$64.62
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Mills, Timothy	$64.62
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Mills, Timothy	$64.62
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Minietti, Heather	$39.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Minietti, Heather	$39.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 514/858 Rpt: 517/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Minietti, Heather Hartford, CT 06183	$39.42	2VP Human Resources	Travelers Indemnity Co
03/07/2025	Minietti, Heather Hartford, CT 06183	$39.42	2VP Human Resources	Travelers Indemnity Co
03/21/2025	Minietti, Heather Hartford, CT 06183	$39.42	2VP Human Resources	Travelers Indemnity Co
04/04/2025	Minietti, Heather Hartford, CT 06183	$39.42	2VP Human Resources	Travelers Indemnity Co
04/18/2025	Minietti, Heather Hartford, CT 06183	$40.29	2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 515/858 Rpt: 518/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Minietti, Heather	$40.38
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 516/858 Rpt: 519/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Minoux, Marshall	$22.60
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Reg'l UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Minoux, Marshall	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Minoux, Marshall	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Minoux, Marshall	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Minoux, Marshall	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 517/858 Rpt: 520/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Minoux, Marshall Hartford, CT 06183	$22.60	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
04/04/2025	Minoux, Marshall Hartford, CT 06183	$22.60	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
04/18/2025	Minoux, Marshall Hartford, CT 06183	$23.72	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/02/2025	Minoux, Marshall Hartford, CT 06183	$23.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/16/2025	Minoux, Marshall Hartford, CT 06183	$23.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 518/858 Rpt: 521/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Minoux, Marshall Hartford, CT 06183	$23.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
06/13/2025	Minoux, Marshall Hartford, CT 06183	$23.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
06/27/2025	Minoux, Marshall Hartford, CT 06183	$23.85	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
01/24/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co
02/07/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 519/858 Rpt: 522/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co
03/07/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co
03/21/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co
04/04/2025	Mitchell, Jonathan Hartford, CT 06183	$15.96	Dir Underwriting Center Ops	Travelers Indemnity Co
04/18/2025	Mitchell, Jonathan Hartford, CT 06183	$16.39	Dir Underwriting Center Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 520/858 Rpt: 523/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Mitchell, Jonathan Hartford, CT 06183	$16.44	Dir Underwriting Center Ops	Travelers Indemnity Co
05/16/2025	Mitchell, Jonathan Hartford, CT 06183	$16.44	Dir Underwriting Center Ops	Travelers Indemnity Co
05/30/2025	Mitchell, Jonathan Hartford, CT 06183	$16.44	Dir Underwriting Center Ops	Travelers Indemnity Co
06/13/2025	Mitchell, Jonathan Hartford, CT 06183	$16.44	Dir Underwriting Center Ops	Travelers Indemnity Co
06/27/2025	Mitchell, Jonathan Hartford, CT 06183	$16.44	Dir Underwriting Center Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 521/858 Rpt: 524/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Modgil, Girish	$20.00
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 522/858 Rpt: 525/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Modgil, Girish	$20.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Artificial Intelligence	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 523/858 Rpt: 526/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Modgil, Girish Alpharetta, GA 30005	$20.00	VP Artificial Intelligence	Travelers Indemnity Co
06/27/2025	Modgil, Girish Alpharetta, GA 30005	$20.00	VP Artificial Intelligence	Travelers Indemnity Co
01/10/2025	Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
01/24/2025	Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
02/07/2025	Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 524/858 Rpt: 527/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2025	Montgomery-Baisden, Elaine	$100.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Product Manager I-PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Product Manager I-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 525/858 Rpt: 528/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	☐ out-of-state PAC (ID#:_____) Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Montgomery-Baisden, Elaine Hartford, CT 06183	$100.96	VP Product Manager I-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 526/858 Rpt: 529/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Montville, Sandra Centennial, CO 80112	$20.10	Sr Counsel	Travelers Indemnity Co
01/24/2025	Montville, Sandra Centennial, CO 80112	$20.10	Sr Counsel	Travelers Indemnity Co
02/07/2025	Montville, Sandra Centennial, CO 80112	$20.10	Sr Counsel	Travelers Indemnity Co
02/21/2025	Montville, Sandra Centennial, CO 80112	$20.10	Sr Counsel	Travelers Indemnity Co
03/07/2025	Montville, Sandra Centennial, CO 80112	$20.10	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 527/858 Rpt: 530/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Montville, Sandra Centennial, CO 80112	$20.10
8 Principal occupation / Job title (See Instructions): Sr Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	☐ out-of-state PAC (ID#:_____) Montville, Sandra Centennial, CO 80112	$20.10
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	☐ out-of-state PAC (ID#:_____) Montville, Sandra Centennial, CO 80112	$20.66
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	☐ out-of-state PAC (ID#:_____) Montville, Sandra Centennial, CO 80112	$20.72
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	☐ out-of-state PAC (ID#:_____) Montville, Sandra Centennial, CO 80112	$20.72
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 528/858 Rpt: 531/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Montville, Sandra Centennial, CO 80112	$20.72	Sr Counsel	Travelers Indemnity Co
06/13/2025	Montville, Sandra Centennial, CO 80112	$20.72	Sr Counsel	Travelers Indemnity Co
06/27/2025	Montville, Sandra Centennial, CO 80112	$20.72	Sr Counsel	Travelers Indemnity Co
01/10/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
01/24/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 529/858 Rpt: 532/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
02/21/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
03/07/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
03/21/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
04/04/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 530/858 Rpt: 533/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
05/02/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
05/16/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
06/13/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co
06/27/2025	Moore, Jennifer Hartford, CT 06183	$25.00	Underwriting Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 531/858 Rpt: 534/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Morgan, Lisa **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 532/858 Rpt: 535/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Morgan, Lisa **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$77.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$78.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Morgan, Lisa Contributor address; City; State; Zip Code Hartford, CT 06183	$78.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 533/858 Rpt: 536/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Morgan, Lisa	$78.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Pres Const Energy Marine	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Morosanu, Kimberly	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Morosanu, Kimberly	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 534/858 Rpt: 537/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Morosanu, Kimberly Hartford, CT 06183	$42.88	2VP Bond & SI	Travelers Indemnity Co
02/21/2025	Morosanu, Kimberly Hartford, CT 06183	$42.88	2VP Bond & SI	Travelers Indemnity Co
03/07/2025	Morosanu, Kimberly Hartford, CT 06183	$42.88	2VP Bond & SI	Travelers Indemnity Co
03/21/2025	Morosanu, Kimberly Hartford, CT 06183	$42.88	2VP Bond & SI	Travelers Indemnity Co
04/04/2025	Morosanu, Kimberly Hartford, CT 06183	$42.88	2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 535/858 Rpt: 538/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Morosanu, Kimberly Hartford, CT 06183	$44.62	2VP Bond & SI	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Morosanu, Kimberly Hartford, CT 06183	$44.81	2VP Bond & SI	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Morosanu, Kimberly Hartford, CT 06183	$44.81	2VP Bond & SI	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Morosanu, Kimberly Hartford, CT 06183	$44.81	2VP Bond & SI	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Morosanu, Kimberly Hartford, CT 06183	$44.81	2VP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 536/858 Rpt: 539/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Morosanu, Kimberly	$44.81
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Mounds, Marissa	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Mounds, Marissa	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Mounds, Marissa	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Mounds, Marissa	$30.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 537/858 Rpt: 540/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	2VP Product	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	2VP Product	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	2VP Product	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	2VP Product	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	2VP Product	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 538/858 Rpt: 541/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Product	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Mouthaan, Lisa Hartford, CT 06183	$42.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Data Management	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Mouthaan, Lisa Hartford, CT 06183	$42.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 539/858 Rpt: 542/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Mouthaan, Lisa Hartford, CT 06183	$42.88	2VP Data Management	Travelers Indemnity Co
02/21/2025	Mouthaan, Lisa Hartford, CT 06183	$42.88	2VP Data Management	Travelers Indemnity Co
03/07/2025	Mouthaan, Lisa Hartford, CT 06183	$42.88	2VP Data Management	Travelers Indemnity Co
03/21/2025	Mouthaan, Lisa Hartford, CT 06183	$42.88	2VP Data Management	Travelers Indemnity Co
04/04/2025	Mouthaan, Lisa Hartford, CT 06183	$42.88	2VP Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 540/858 Rpt: 543/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Mouthaan, Lisa Hartford, CT 06183	$44.29	2VP Data Management	Travelers Indemnity Co
05/02/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	2VP Data Management	Travelers Indemnity Co
05/16/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	2VP Data Management	Travelers Indemnity Co
05/30/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	2VP Data Management	Travelers Indemnity Co
06/13/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	2VP Data Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 541/858 Rpt: 544/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	2VP Data Management	Travelers Indemnity Co
01/10/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
01/24/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
02/07/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
02/21/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 542/858 Rpt: 545/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
03/21/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
04/04/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
04/18/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
05/02/2025	Mulcahy, Ann Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 543/858 Rpt: 546/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/16/2025	☐ out-of-state PAC (ID#:_____) Mulcahy, Ann Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Mulcahy, Ann Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Mulcahy, Ann Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Mulligan, Michael Hartford, CT 06183	$23.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Interaction Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Mulligan, Michael Hartford, CT 06183	$23.56

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Interaction Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 544/858 Rpt: 547/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Mulligan, Michael Hartford, CT 06183	$23.56	VP Interaction Center	Travelers Indemnity Co
02/21/2025	Mulligan, Michael Hartford, CT 06183	$23.56	VP Interaction Center	Travelers Indemnity Co
03/07/2025	Mulligan, Michael Hartford, CT 06183	$23.56	VP Interaction Center	Travelers Indemnity Co
03/21/2025	Mulligan, Michael Hartford, CT 06183	$23.56	VP Interaction Center	Travelers Indemnity Co
04/04/2025	Mulligan, Michael Hartford, CT 06183	$23.56	VP Interaction Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 545/858 Rpt: 548/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Mulligan, Michael Hartford, CT 06183	$24.42	VP Interaction Center	Travelers Indemnity Co
05/02/2025	Mulligan, Michael Hartford, CT 06183	$24.52	VP Interaction Center	Travelers Indemnity Co
05/16/2025	Mulligan, Michael Hartford, CT 06183	$24.52	VP Interaction Center	Travelers Indemnity Co
05/30/2025	Mulligan, Michael Hartford, CT 06183	$24.52	VP Interaction Center	Travelers Indemnity Co
06/13/2025	Mulligan, Michael Hartford, CT 06183	$24.52	VP Interaction Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 546/858 Rpt: 549/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Mulligan, Michael	$24.52
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Interaction Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 547/858 Rpt: 550/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Myrick, F **6** Contributor address; City; State; Zip Code Hunt Valley, MD 21031	$62.88

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Myrick, F Contributor address; City; State; Zip Code Hunt Valley, MD 21031	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Myrick, F Contributor address; City; State; Zip Code Hunt Valley, MD 21031	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Myrick, F Contributor address; City; State; Zip Code Hunt Valley, MD 21031	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Myrick, F Contributor address; City; State; Zip Code Hunt Valley, MD 21031	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 548/858 Rpt: 551/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Myrick, F	$62.88
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
8 Principal occupation / Job title (See Instructions): RVP SRG	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP SRG	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP SRG	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	
Principal occupation / Job title (See Instructions): RVP SRG	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Naeem, Ojala	$18.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Project Director	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 549/858 Rpt: 552/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/07/2025	☐ out-of-state PAC (ID#:_____) Naeem, Ojala Hartford, CT 06183	$18.13

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Naeem, Ojala Hartford, CT 06183	$18.13

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Naeem, Ojala Hartford, CT 06183	$18.13

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Naeem, Ojala Hartford, CT 06183	$18.60

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
05/02/2025	☐ out-of-state PAC (ID#:_____) Naeem, Ojala Hartford, CT 06183	$18.65

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 550/858 Rpt: 553/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Naeem, Ojala	$18.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 551/858 Rpt: 554/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Nebraska, Paul	$15.00
	6 Contributor address; City; State; Zip Code: Independence, OH 44131	
8 Principal occupation / Job title (See Instructions): RVP Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 552/858 Rpt: 555/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co
04/18/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co
05/02/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co
05/16/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co
06/13/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 553/858 Rpt: 556/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Nebraska, Paul Independence, OH 44131	$15.00	RVP Bond & SI	Travelers Indemnity Co
01/10/2025	Nelson, Eric Hartford, CT 06183	$70.00	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
01/24/2025	Nelson, Eric Hartford, CT 06183	$70.00	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
02/07/2025	Nelson, Eric Hartford, CT 06183	$70.00	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
02/21/2025	Nelson, Eric Hartford, CT 06183	$70.00	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 554/858 Rpt: 557/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Nelson, Eric	$70.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Nelson, Eric	$70.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Nelson, Eric	$70.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Nelson, Eric	$76.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 555/858 Rpt: 558/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Nelson, Eric	$76.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Catastrophe Risk Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	
Principal occupation / Job title (See Instructions): Regl President-Field Mgmt	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 556/858 Rpt: 559/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Nestheide, James **6** Contributor address; City; State; Zip Code Cincinnati, OH 45202	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Nestheide, James Contributor address; City; State; Zip Code Cincinnati, OH 45202	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Nestheide, James Contributor address; City; State; Zip Code Cincinnati, OH 45202	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Nestheide, James Contributor address; City; State; Zip Code Cincinnati, OH 45202	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Nestheide, James Contributor address; City; State; Zip Code Cincinnati, OH 45202	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 557/858 Rpt: 560/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
04/18/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
05/02/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
05/16/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
06/13/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 558/858 Rpt: 561/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Nestheide, James Cincinnati, OH 45202	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
01/10/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
01/24/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
02/07/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
02/21/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 559/858 Rpt: 562/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
03/21/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
04/04/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
04/18/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
05/02/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 560/858 Rpt: 563/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
06/13/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
06/27/2025	Nicks, Paul Sewanee, TN 37375	$10.00	Sr Counsel Claim	Travelers Indemnity Co
01/10/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
01/24/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 561/858 Rpt: 564/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
02/21/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
03/07/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
03/21/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
04/04/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 562/858 Rpt: 565/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
05/02/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
05/16/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
06/13/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
06/27/2025	Nixon, Christopher Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 563/858 Rpt: 566/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & PresSmall Comml & BI BC	Travelers Indemnity Co
01/24/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & PresSmall Comml & BI BC	Travelers Indemnity Co
02/07/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & PresSmall Comml & BI BC	Travelers Indemnity Co
02/21/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & PresSmall Comml & BI BC	Travelers Indemnity Co
03/07/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & PresSmall Comml & BI BC	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 564/858 Rpt: 567/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Nordquist, Eric	$115.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & PresSmall Comml & BI BC	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & PresSmall Comml & BI BC	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & PresSmall Comml & BI BC	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & PresSmall Comml & BI BC	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & PresSmall Comml & BI BC	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 565/858 Rpt: 568/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
05/30/2025	☐ out-of-state PAC (ID#:_____) Nordquist, Eric Hartford, CT 06183	$115.38

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & PresSmall Comml & BI BC	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Nordquist, Eric Hartford, CT 06183	$115.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & PresSmall Comml & BI BC	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Nordquist, Eric Hartford, CT 06183	$115.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & PresSmall Comml & BI BC	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Excess Cas	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Excess Cas	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 566/858 Rpt: 569/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15	AE Dir Excess Cas	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15	AE Dir Excess Cas	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15	AE Dir Excess Cas	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15	AE Dir Excess Cas	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Nowlin, Matthew Indianapolis, IN 46240	$16.15	AE Dir Excess Cas	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 567/858 Rpt: 570/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Nowlin, Matthew Indianapolis, IN 46240	$16.50	AE Dir Excess Cas	Travelers Indemnity Co
05/02/2025	Nowlin, Matthew Indianapolis, IN 46240	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
05/16/2025	Nowlin, Matthew Indianapolis, IN 46240	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
05/30/2025	Nowlin, Matthew Indianapolis, IN 46240	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
06/13/2025	Nowlin, Matthew Indianapolis, IN 46240	$16.54	AE Dir Excess Cas	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 568/858 Rpt: 571/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Nowlin, Matthew	$16.54
	6 Contributor address; City; State; Zip Code: Indianapolis, IN 46240	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir Excess Cas	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 569/858 Rpt: 572/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Nunes, Michelle West Bridgewater, MA 02379	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
03/21/2025	Nunes, Michelle West Bridgewater, MA 02379	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
04/04/2025	Nunes, Michelle West Bridgewater, MA 02379	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
04/18/2025	Nunes, Michelle West Bridgewater, MA 02379	$10.00	2VP Claim Mgmt	Travelers Indemnity Co
05/02/2025	Nunes, Michelle West Bridgewater, MA 02379	$10.00	2VP Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 570/858 Rpt: 573/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Nunes, Michelle	$10.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Dir Env Claim SRG	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Dir Env Claim SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 571/858 Rpt: 574/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	O'Brien, Thomas	$10.00
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): Regional Dir Env Claim SRG	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Regional Dir Env Claim SRG	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Regional Dir Env Claim SRG	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Regional Dir Env Claim SRG	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): Regional Dir Env Claim SRG	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 572/858 Rpt: 575/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	Regional Dir Env Claim SRG	Travelers Indemnity Co
05/02/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	Regional Dir Env Claim SRG	Travelers Indemnity Co
05/16/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	Regional Dir Env Claim SRG	Travelers Indemnity Co
06/13/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	Regional Dir Env Claim SRG	Travelers Indemnity Co
06/27/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	Regional Dir Env Claim SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 573/858 Rpt: 576/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	O'Hern, William	$57.69
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 574/858 Rpt: 577/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	O'Hern, William	$57.69
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 575/858 Rpt: 578/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	O'Hern, William	$57.69
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	O'Hern, William	$57.69
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	O'Leary, Robert	$111.49
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	O'Leary, Robert	$111.49
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	O'Leary, Robert	$111.49
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 576/858 Rpt: 579/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2025	O'Leary, Robert **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 577/858 Rpt: 580/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	O'Leary, Robert **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Real Estate II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 578/858 Rpt: 581/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Oldakowski, Chester	$19.47
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Oldakowski, Chester	$19.47
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Oldakowski, Chester	$19.47
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Oldakowski, Chester	$19.47
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Oldakowski, Chester	$19.47
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 579/858 Rpt: 582/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Oldakowski, Chester	$19.47
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Oldakowski, Chester	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 580/858 Rpt: 583/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Oldakowski, Chester	$20.06
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Olivo, Maria	$288.46
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Strat Dev & Pres Int'l	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Olivo, Maria	$288.46
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Strat Dev & Pres Int'l	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Olivo, Maria	$288.46
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Strat Dev & Pres Int'l	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 581/858 Rpt: 584/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Olivo, Maria New York City, NY 10017	$288.46	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
03/07/2025	Olivo, Maria New York City, NY 10017	$288.46	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
03/21/2025	Olivo, Maria New York City, NY 10017	$288.46	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
04/04/2025	Olivo, Maria New York City, NY 10017	$288.46	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
04/18/2025	Olivo, Maria New York City, NY 10017	$305.77	EVP Strat Dev & Pres Int'l	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 582/858 Rpt: 585/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Olivo, Maria New York City, NY 10017	$307.69	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
05/16/2025	Olivo, Maria New York City, NY 10017	$307.69	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
05/30/2025	Olivo, Maria New York City, NY 10017	$307.69	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
06/13/2025	Olivo, Maria New York City, NY 10017	$307.69	EVP Strat Dev & Pres Int'l	TCI Global Services Inc
06/27/2025	Olivo, Maria New York City, NY 10017	$307.69	EVP Strat Dev & Pres Int'l	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 583/858 Rpt: 586/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Olson, Mark Hartford, CT 06183	$72.12	2VP Exec Liability	Travelers Indemnity Co
01/24/2025	Olson, Mark Hartford, CT 06183	$72.12	2VP Exec Liability	Travelers Indemnity Co
02/07/2025	Olson, Mark Hartford, CT 06183	$72.12	2VP Exec Liability	Travelers Indemnity Co
02/21/2025	Olson, Mark Hartford, CT 06183	$72.12	2VP Exec Liability	Travelers Indemnity Co
03/07/2025	Olson, Mark Hartford, CT 06183	$72.12	2VP Exec Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 584/858 Rpt: 587/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Olson, Mark **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$72.12

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Exec Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Olson, Mark Contributor address; City; State; Zip Code Hartford, CT 06183	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Exec Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Olson, Mark Contributor address; City; State; Zip Code Hartford, CT 06183	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Exec Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Olson, Mark Contributor address; City; State; Zip Code Hartford, CT 06183	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Exec Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Olson, Mark Contributor address; City; State; Zip Code Hartford, CT 06183	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Exec Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 585/858 Rpt: 588/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Olson, Mark	$72.12
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Exec Liability	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Olson, Mark	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Olson, Mark	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Human Resources	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 586/858 Rpt: 589/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Olson-Douglas, Lynn	$10.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Olson-Douglas, Lynn	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 587/858 Rpt: 590/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	2VP Human Resources	Travelers Indemnity Co
05/02/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	2VP Human Resources	Travelers Indemnity Co
05/16/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	2VP Human Resources	Travelers Indemnity Co
06/13/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	2VP Human Resources	Travelers Indemnity Co
06/27/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	2VP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 588/858 Rpt: 591/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Palmieri, Christine	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Compliance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Palmieri, Christine	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Compliance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Palmieri, Christine	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Compliance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Palmieri, Christine	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Compliance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Palmieri, Christine	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Compliance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 589/858 Rpt: 592/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
04/04/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
04/18/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
05/02/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
05/16/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 590/858 Rpt: 593/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/13/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
06/27/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
01/10/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
01/24/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
02/07/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 591/858 Rpt: 594/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
03/07/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
03/21/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
04/04/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
04/18/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 592/858 Rpt: 595/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Pascale, Christopher	$43.65
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Pascale, Christopher	$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	
05/30/2025	Pascale, Christopher	$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	
06/13/2025	Pascale, Christopher	$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	
06/27/2025	Pascale, Christopher	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 593/858 Rpt: 596/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Paul, Cameron Hartford, CT 06183	$20.00	Sr Dir Financial Analysis	Travelers Indemnity Co
02/07/2025	Paul, Cameron Hartford, CT 06183	$20.00	Sr Dir Financial Analysis	Travelers Indemnity Co
02/21/2025	Paul, Cameron Hartford, CT 06183	$20.00	Sr Dir Financial Analysis	Travelers Indemnity Co
03/07/2025	Paul, Cameron Hartford, CT 06183	$20.00	Sr Dir Financial Analysis	Travelers Indemnity Co
03/21/2025	Paul, Cameron Hartford, CT 06183	$20.00	Sr Dir Financial Analysis	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 594/858 Rpt: 597/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Paul, Cameron	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 595/858 Rpt: 598/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Paul, Cameron	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Financial Analysis	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 596/858 Rpt: 599/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Paul, Denice **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$63.46

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Paul, Denice Contributor address; City; State; Zip Code Hartford, CT 06183	$63.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Paul, Denice Contributor address; City; State; Zip Code Hartford, CT 06183	$63.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Paul, Denice Contributor address; City; State; Zip Code Hartford, CT 06183	$63.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Paul, Denice Contributor address; City; State; Zip Code Hartford, CT 06183	$63.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 597/858 Rpt: 600/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Paul, Denice	$63.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operational Effectiveness	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Pearson, John	$83.37
	Contributor address; City; State; Zip Code: West Hartford, CT 06117	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 598/858 Rpt: 601/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
02/07/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
02/21/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
03/07/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
03/21/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 599/858 Rpt: 602/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Pearson, John West Hartford, CT 06117	$83.37	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
04/18/2025	Pearson, John West Hartford, CT 06117	$86.22	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/02/2025	Pearson, John West Hartford, CT 06117	$86.54	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/16/2025	Pearson, John West Hartford, CT 06117	$86.54	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
05/30/2025	Pearson, John West Hartford, CT 06117	$86.54	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 600/858 Rpt: 603/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Pearson, John	$86.54
	6 Contributor address; City; State; Zip Code: West Hartford, CT 06117	
8 Principal occupation / Job title (See Instructions): Reg'l UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Pearson, John	$86.54
	Contributor address; City; State; Zip Code: West Hartford, CT 06117	
Principal occupation / Job title (See Instructions): Reg'l UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Strategic Sourcing	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Strategic Sourcing	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Strategic Sourcing	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 601/858 Rpt: 604/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2025	Pedersen, Pollyalice	$39.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Strategic Sourcing	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Strategic Sourcing	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Strategic Sourcing	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Pedersen, Pollyalice	$39.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Strategic Sourcing	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Pedersen, Pollyalice	$41.17
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Strategic Sourcing	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 602/858 Rpt: 605/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	2VP Strategic Sourcing	Travelers Indemnity Co
05/16/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	2VP Strategic Sourcing	Travelers Indemnity Co
05/30/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	2VP Strategic Sourcing	Travelers Indemnity Co
06/13/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	2VP Strategic Sourcing	Travelers Indemnity Co
06/27/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	2VP Strategic Sourcing	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 603/858 Rpt: 606/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
01/24/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
02/07/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
02/21/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
03/07/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 604/858 Rpt: 607/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
04/04/2025	Penn, Timothy Hartford, CT 06183	$38.08	2VP Property Large Loss	Travelers Indemnity Co
04/18/2025	Penn, Timothy Hartford, CT 06183	$39.03	2VP Property Large Loss	Travelers Indemnity Co
05/02/2025	Penn, Timothy Hartford, CT 06183	$39.13	2VP Property Large Loss	Travelers Indemnity Co
05/16/2025	Penn, Timothy Hartford, CT 06183	$39.13	2VP Property Large Loss	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 605/858 Rpt: 608/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Penn, Timothy	$39.13
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Property Large Loss	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Penn, Timothy	$39.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property Large Loss	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Penn, Timothy	$39.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Property Large Loss	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Pfinsgraff, Martin	$125.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Pfinsgraff, Martin	$125.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 606/858 Rpt: 609/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Pfinsgraff, Martin Hartford, CT 06183	$125.00	VPCountrywide Product BI BCO	Travelers Indemnity Co
02/21/2025	Pfinsgraff, Martin Hartford, CT 06183	$125.00	VPCountrywide Product BI BCO	Travelers Indemnity Co
03/07/2025	Pfinsgraff, Martin Hartford, CT 06183	$125.00	VPCountrywide Product BI BCO	Travelers Indemnity Co
03/21/2025	Pfinsgraff, Martin Hartford, CT 06183	$125.00	VPCountrywide Product BI BCO	Travelers Indemnity Co
04/04/2025	Pfinsgraff, Martin Hartford, CT 06183	$125.00	VPCountrywide Product BI BCO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 607/858 Rpt: 610/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Pfinsgraff, Martin Hartford, CT 06183	$133.65	VPCountrywide Product BI BCO	Travelers Indemnity Co
05/02/2025	Pfinsgraff, Martin Hartford, CT 06183	$134.62	VPCountrywide Product BI BCO	Travelers Indemnity Co
05/16/2025	Pfinsgraff, Martin Hartford, CT 06183	$134.62	VPCountrywide Product BI BCO	Travelers Indemnity Co
05/30/2025	Pfinsgraff, Martin Hartford, CT 06183	$134.62	VPCountrywide Product BI BCO	Travelers Indemnity Co
06/13/2025	Pfinsgraff, Martin Hartford, CT 06183	$144.23	VPCountrywide Product BI BCO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 608/858 Rpt: 611/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Pfinsgraff, Martin	$153.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 609/858 Rpt: 612/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Phillips, Brad	$10.00
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 610/858 Rpt: 613/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Phillips, Brad	$10.00
	6 Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Hunt Valley, MD 21031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Select Field UW Center Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Phillips, Kenneth	$10.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Team Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Phillips, Kenneth	$10.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Team Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 611/858 Rpt: 614/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
02/21/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
03/07/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
03/21/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
04/04/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 612/858 Rpt: 615/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
05/02/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
05/16/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
06/13/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co
06/27/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Team Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 613/858 Rpt: 616/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Plemons, Alison	$15.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 614/858 Rpt: 617/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Plemons, Alison	$5.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 615/858 Rpt: 618/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Plemons, Alison	$15.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 616/858 Rpt: 619/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Plemons, Alison **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$15.87

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Plemons, Alison Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Plemons, Alison Contributor address; City; State; Zip Code Hartford, CT 06183	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Plemons, Alison Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Plemons, Alison Contributor address; City; State; Zip Code Hartford, CT 06183	$15.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 617/858 Rpt: 620/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Plemons, Alison	$5.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 618/858 Rpt: 621/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Plemons, Alison	$15.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Plemons, Alison	$5.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 619/858 Rpt: 622/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Porcello, Suzanne	$31.73
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Porcello, Suzanne	$31.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Porcello, Suzanne	$31.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Porcello, Suzanne	$31.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Porcello, Suzanne	$31.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Finance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 620/858 Rpt: 623/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Porcello, Suzanne Hartford, CT 06183	$31.73	VP Finance	Travelers Indemnity Co
04/04/2025	Porcello, Suzanne Hartford, CT 06183	$31.73	VP Finance	Travelers Indemnity Co
04/18/2025	Porcello, Suzanne Hartford, CT 06183	$33.89	VP Finance	Travelers Indemnity Co
05/02/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	VP Finance	Travelers Indemnity Co
05/16/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	VP Finance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 621/858 Rpt: 624/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Porcello, Suzanne	$34.13
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Finance	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Finance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Finance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 622/858 Rpt: 625/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Poriss, Jason	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Value Stream Lead	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Value Stream Lead	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 623/858 Rpt: 626/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Value Stream Lead	Travelers Indemnity Co
05/02/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Value Stream Lead	Travelers Indemnity Co
05/16/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Value Stream Lead	Travelers Indemnity Co
06/13/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Value Stream Lead	Travelers Indemnity Co
06/27/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Value Stream Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 624/858 Rpt: 627/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Quinn, Robert Morristown, NJ 07960	$37.12	Sales Director Select	Travelers Indemnity Co
01/24/2025	Quinn, Robert Morristown, NJ 07960	$37.12	Sales Director Select	Travelers Indemnity Co
02/07/2025	Quinn, Robert Morristown, NJ 07960	$37.12	Sales Director Select	Travelers Indemnity Co
02/21/2025	Quinn, Robert Morristown, NJ 07960	$37.12	Sales Director Select	Travelers Indemnity Co
03/07/2025	Quinn, Robert Morristown, NJ 07960	$37.12	Sales Director Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 625/858 Rpt: 628/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Quinn, Robert **6** Contributor address; City; State; Zip Code Morristown, NJ 07960	$37.12

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sales Director Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960	$37.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales Director Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960	$38.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales Director Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960	$38.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales Director Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Quinn, Robert Contributor address; City; State; Zip Code Morristown, NJ 07960	$38.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales Director Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 626/858 Rpt: 629/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Quinn, Robert Morristown, NJ 07960	$38.27	Sales Director Select	Travelers Indemnity Co
06/13/2025	Quinn, Robert Morristown, NJ 07960	$38.27	Sales Director Select	Travelers Indemnity Co
06/27/2025	Quinn, Robert Morristown, NJ 07960	$38.27	Sales Director Select	Travelers Indemnity Co
01/10/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
01/24/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 627/858 Rpt: 630/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
02/21/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
03/07/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
03/21/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
04/04/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 628/858 Rpt: 631/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
05/02/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
05/16/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
06/13/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
06/27/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 629/858 Rpt: 632/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Rackliffe, Heather	$26.73
	6 Contributor address; City; State; Zip Code: Farmington, CT 06032	
8 Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Rackliffe, Heather	$26.73
	Contributor address; City; State; Zip Code: Farmington, CT 06032	
Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Rackliffe, Heather	$26.73
	Contributor address; City; State; Zip Code: Farmington, CT 06032	
Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Rackliffe, Heather	$26.73
	Contributor address; City; State; Zip Code: Farmington, CT 06032	
Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Rackliffe, Heather	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 630/858 Rpt: 633/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Rackliffe, Heather Farmington, CT 06032	$26.73	Sr. Bus. Systems Consultant	Travelers Indemnity Co
04/04/2025	Rackliffe, Heather Farmington, CT 06032	$26.73	Sr. Bus. Systems Consultant	Travelers Indemnity Co
04/18/2025	Rackliffe, Heather Farmington, CT 06032	$27.42	Sr. Bus. Systems Consultant	Travelers Indemnity Co
05/02/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
05/16/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 631/858 Rpt: 634/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Rackliffe, Heather	$27.50
	6 Contributor address; City; State; Zip Code: Farmington, CT 06032	
8 Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Rackliffe, Heather	$27.50
	Contributor address; City; State; Zip Code: Farmington, CT 06032	
Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Rackliffe, Heather	$27.50
	Contributor address; City; State; Zip Code: Farmington, CT 06032	
Principal occupation / Job title (See Instructions): Sr. Bus. Systems Consultant	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code: Melville, NY 11747	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Ramalho, Sean	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 632/858 Rpt: 635/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co
02/21/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co
03/07/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co
03/21/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co
04/04/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 633/858 Rpt: 636/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Ramalho, Sean	$122.60
	6 Contributor address; City; State; Zip Code Melville, NY 11747	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 634/858 Rpt: 637/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Ramalho, Sean Melville, NY 11747	$122.60	BI Field Vice President	Travelers Indemnity Co
01/24/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co
02/07/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co
02/21/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co
03/07/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 635/858 Rpt: 638/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co
04/04/2025	Ramos, Steven Richardson, TX 75081	$17.98	Sr Counsel Claim	Travelers Indemnity Co
04/18/2025	Ramos, Steven Richardson, TX 75081	$18.50	Sr Counsel Claim	Travelers Indemnity Co
05/02/2025	Ramos, Steven Richardson, TX 75081	$18.56	Sr Counsel Claim	Travelers Indemnity Co
05/16/2025	Ramos, Steven Richardson, TX 75081	$18.56	Sr Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 636/858 Rpt: 639/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Ramos, Steven Richardson, TX 75081	$18.56	Sr Counsel Claim	Travelers Indemnity Co
06/13/2025	Ramos, Steven Richardson, TX 75081	$18.56	Sr Counsel Claim	Travelers Indemnity Co
06/27/2025	Ramos, Steven Richardson, TX 75081	$18.56	Sr Counsel Claim	Travelers Indemnity Co
01/10/2025	Rawlings, Stacey Lancaster, PA 17601	$47.69	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
01/24/2025	Rawlings, Stacey Lancaster, PA 17601	$47.69	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 637/858 Rpt: 640/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Rawlings, Stacey	$47.69
	6 Contributor address; City; State; Zip Code Lancaster, PA 17601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Rawlings, Stacey	$47.69
	Contributor address; City; State; Zip Code Lancaster, PA 17601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Rawlings, Stacey	$47.69
	Contributor address; City; State; Zip Code Lancaster, PA 17601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Rawlings, Stacey	$47.69
	Contributor address; City; State; Zip Code Lancaster, PA 17601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Rawlings, Stacey	$47.69
	Contributor address; City; State; Zip Code Lancaster, PA 17601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 638/858 Rpt: 641/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.08	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 639/858 Rpt: 642/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Rawlings, Stacey Lancaster, PA 17601	$49.23

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Reagin, Tammy Richmond, VA 23233	$24.98

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Reagin, Tammy Richmond, VA 23233	$24.98

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Reagin, Tammy Richmond, VA 23233	$24.98

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	☐ out-of-state PAC (ID#:_____) Reagin, Tammy Richmond, VA 23233	$24.98

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 640/858 Rpt: 643/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Reagin, Tammy	$24.98
	6 Contributor address; City; State; Zip Code: Richmond, VA 23233	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Reagin, Tammy	$24.98
	Contributor address; City; State; Zip Code: Richmond, VA 23233	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Reagin, Tammy	$24.98
	Contributor address; City; State; Zip Code: Richmond, VA 23233	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Reagin, Tammy	$25.43
	Contributor address; City; State; Zip Code: Richmond, VA 23233	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Reagin, Tammy	$25.48
	Contributor address; City; State; Zip Code: Richmond, VA 23233	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Cash Control	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 641/858 Rpt: 644/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
05/30/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
06/13/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
06/27/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
01/10/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 642/858 Rpt: 645/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
02/07/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
02/21/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
03/07/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
03/21/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 643/858 Rpt: 646/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
04/18/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
05/02/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
05/16/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
06/13/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 644/858 Rpt: 647/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Reimer, Raymond	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief Actuary Bond & SI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Reljac, Daniel	$21.35
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Reljac, Daniel	$21.35
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Reljac, Daniel	$21.35
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Reljac, Daniel	$21.35
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 645/858 Rpt: 648/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Reljac, Daniel Alpharetta, GA 30005	$22.73	Managing Dir Comml Accts	Travelers Indemnity Co
05/02/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	Managing Dir Comml Accts	Travelers Indemnity Co
05/16/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	Managing Dir Comml Accts	Travelers Indemnity Co
05/30/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	Managing Dir Comml Accts	Travelers Indemnity Co
06/13/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 646/858 Rpt: 649/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Reljac, Daniel	$22.88
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Comml Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Revett, Cara	$134.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Revett, Cara	$134.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Revett, Cara	$134.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Revett, Cara	$134.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 647/858 Rpt: 650/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Revett, Cara Hartford, CT 06183	$134.62	VP Audit - Op/Fin	Travelers Indemnity Co
03/21/2025	Revett, Cara Hartford, CT 06183	$134.62	VP Audit - Op/Fin	Travelers Indemnity Co
04/04/2025	Revett, Cara Hartford, CT 06183	$134.62	VP Audit - Op/Fin	Travelers Indemnity Co
04/18/2025	Revett, Cara Hartford, CT 06183	$138.25	VP Audit - Op/Fin	Travelers Indemnity Co
05/02/2025	Revett, Cara Hartford, CT 06183	$138.65	VP Audit - Op/Fin	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 648/858 Rpt: 651/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Revett, Cara	$138.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Audit - Op/Fin	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Reynolds, Michael	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 649/858 Rpt: 652/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	☐ out-of-state PAC (ID#:_____) Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
02/07/2025	☐ out-of-state PAC (ID#:_____) Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 650/858 Rpt: 653/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
04/18/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
05/02/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
05/16/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
06/13/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 651/858 Rpt: 654/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Reynolds, Michael	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Rich, Ryan	$18.75
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Rich, Ryan	$18.75
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Rich, Ryan	$18.75
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Rich, Ryan	$18.75
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 652/858 Rpt: 655/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Rich, Ryan St. Paul, MN 55102	$18.75	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
03/21/2025	Rich, Ryan St. Paul, MN 55102	$18.75	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
04/04/2025	Rich, Ryan St. Paul, MN 55102	$18.75	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
04/18/2025	Rich, Ryan St. Paul, MN 55102	$19.18	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
05/02/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 653/858 Rpt: 656/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
05/30/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
06/13/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
06/27/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
01/24/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 654/858 Rpt: 657/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Rim, Jean **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$80.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Rim, Jean Contributor address; City; State; Zip Code: Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Rim, Jean Contributor address; City; State; Zip Code: Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Rim, Jean Contributor address; City; State; Zip Code: Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Rim, Jean Contributor address; City; State; Zip Code: Hartford, CT 06183	$80.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 655/858 Rpt: 658/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Rim, Jean	$80.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Rim, Jean	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Rim, Jean	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Rim, Jean	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Rim, Jean	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 656/858 Rpt: 659/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Rim, Jean	$80.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Employee Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 657/858 Rpt: 660/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Rodliff, Erin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$178.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Rodliff, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Rodliff, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Rodliff, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Rodliff, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 658/858 Rpt: 661/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Rodliff, Erin	$178.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Rodrigues, Leon	$10.00
	Contributor address; City; State; Zip Code: Saint Paul, MN 55106	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Human Resources-Field	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Rodrigues, Leon	$10.00
	Contributor address; City; State; Zip Code: Saint Paul, MN 55106	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Human Resources-Field	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 659/858 Rpt: 662/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
02/21/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
03/07/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
03/21/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
04/04/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 660/858 Rpt: 663/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
05/02/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
05/16/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
06/13/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
06/27/2025	Rodrigues, Leon Saint Paul, MN 55106	$10.00	Dir Human Resources-Field	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 661/858 Rpt: 664/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
01/24/2025	Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
02/07/2025	Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
02/21/2025	Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
03/07/2025	Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 662/858 Rpt: 665/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	☐ out-of-state PAC (ID#:_____) Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
04/04/2025	☐ out-of-state PAC (ID#:_____) Roen, Erik Hartford, CT 06183	$45.67	SVP CIO & Business Intel	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Roen, Erik Hartford, CT 06183	$46.54	SVP CIO & Business Intel	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 663/858 Rpt: 666/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
06/13/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
06/27/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
01/10/2025	Roger, Kristin Hartford, CT 06183	$10.00	VP Financial Institutions	Travelers Indemnity Co
01/24/2025	Roger, Kristin Hartford, CT 06183	$10.00	VP Financial Institutions	Travelers Indemnity Co

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 664/858 Rpt: 667/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Roger, Kristin	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Financial Institutions	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 665/858 Rpt: 668/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Roger, Kristin	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Financial Institutions	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Financial Institutions	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Financial Institutions	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Financial Institutions	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Roger, Kristin	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Financial Institutions	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 666/858 Rpt: 669/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Rogers, Timothy	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 667/858 Rpt: 670/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Rogers, Timothy	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP CFO & COO Business Ins	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP CFO & COO Business Ins	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP CFO & COO Business Ins	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP CFO & COO Business Ins	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Rogers, Timothy	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP CFO & COO Business Ins	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 668/858 Rpt: 671/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
06/13/2025	☐ out-of-state PAC (ID#:_____) Rogers, Timothy Hartford, CT 06183	$20.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
06/27/2025	☐ out-of-state PAC (ID#:_____) Rogers, Timothy Hartford, CT 06183	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CFO & COO Business Ins	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Rohlfing, James Morristown, NJ 07960	$40.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Rohlfing, James Morristown, NJ 07960	$40.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	☐ out-of-state PAC (ID#:_____) Rohlfing, James Morristown, NJ 07960	$40.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 669/858 Rpt: 672/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Rohlfing, James Morristown, NJ 07960	$40.77	Managing Counsel Claim	Travelers Indemnity Co
03/07/2025	Rohlfing, James Morristown, NJ 07960	$40.77	Managing Counsel Claim	Travelers Indemnity Co
03/21/2025	Rohlfing, James Morristown, NJ 07960	$40.77	Managing Counsel Claim	Travelers Indemnity Co
04/04/2025	Rohlfing, James Morristown, NJ 07960	$40.77	Managing Counsel Claim	Travelers Indemnity Co
04/18/2025	Rohlfing, James Morristown, NJ 07960	$43.02	Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 670/858 Rpt: 673/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
05/16/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
05/30/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
06/13/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
06/27/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 671/858 Rpt: 674/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co
02/07/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 672/858 Rpt: 675/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$34.77	UW Officer Select	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$36.02	UW Officer Select	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$36.15	UW Officer Select	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$36.15	UW Officer Select	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Rossignol, Kathleen Hartford, CT 06183	$36.15	UW Officer Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 673/858 Rpt: 676/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Rossignol, Kathleen	$36.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): UW Officer Select	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Rossignol, Kathleen	$36.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Officer Select	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Rowland, David	$150.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Rowland, David	$150.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Rowland, David	$150.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 674/858 Rpt: 677/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
03/07/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
03/21/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
04/04/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
04/18/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 675/858 Rpt: 678/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
05/16/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
06/13/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
06/27/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
01/10/2025	Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 676/858 Rpt: 679/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
02/07/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
03/21/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 677/858 Rpt: 680/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Roy, David Windsor, CT 06095	$10.00	2VP Risk Control Forensic	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 678/858 Rpt: 681/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Roy, David	$10.00
	6 Contributor address; City; State; Zip Code: Windsor, CT 06095	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Risk Control Forensic	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Ryczek, Ellen	$71.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Ryczek, Ellen	$71.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Ryczek, Ellen	$71.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Ryczek, Ellen	$71.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 679/858 Rpt: 682/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Ryczek, Ellen **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$71.31

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	$71.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	$71.31

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	$75.20

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Ryczek, Ellen Contributor address; City; State; Zip Code Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Bond & SI Claim Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 680/858 Rpt: 683/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Ryczek, Ellen Hartford, CT 06183	$75.63	2VP Bond & SI Claim Ops	Travelers Indemnity Co
05/30/2025	Ryczek, Ellen Hartford, CT 06183	$75.63	2VP Bond & SI Claim Ops	Travelers Indemnity Co
06/13/2025	Ryczek, Ellen Hartford, CT 06183	$75.63	2VP Bond & SI Claim Ops	Travelers Indemnity Co
06/27/2025	Ryczek, Ellen Hartford, CT 06183	$75.63	2VP Bond & SI Claim Ops	Travelers Indemnity Co
01/10/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 681/858 Rpt: 684/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co
02/07/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co
02/21/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co
03/07/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co
03/21/2025	Rynda, Scott St. Paul, MN 55102	$20.00	SVP Corporate Tax	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 682/858 Rpt: 685/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Rynda, Scott **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$20.00
8 Principal occupation / Job title (See Instructions): SVP Corporate Tax	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102	$20.00
Principal occupation / Job title (See Instructions): SVP Corporate Tax	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102	$20.00
Principal occupation / Job title (See Instructions): SVP Corporate Tax	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102	$20.00
Principal occupation / Job title (See Instructions): SVP Corporate Tax	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Rynda, Scott Contributor address; City; State; Zip Code St. Paul, MN 55102	$20.00
Principal occupation / Job title (See Instructions): SVP Corporate Tax	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 683/858 Rpt: 686/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
02/07/2025	Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
02/21/2025	Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
03/07/2025	Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
03/21/2025	Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 684/858 Rpt: 687/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Samsel, Leszek Hartford, CT 06183	$30.23	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Samsel, Leszek Hartford, CT 06183	$31.10	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Samsel, Leszek Hartford, CT 06183	$31.19	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Samsel, Leszek Hartford, CT 06183	$31.19	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Samsel, Leszek Hartford, CT 06183	$31.19	Sr Dir RMIS Account Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 685/858 Rpt: 688/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Samsel, Leszek	$31.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir RMIS Account Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Samsel, Leszek	$31.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir RMIS Account Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Sargent, William	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Enterprise Internal Comm	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Sargent, William	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Enterprise Internal Comm	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Sargent, William	$26.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Enterprise Internal Comm	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 686/858 Rpt: 689/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Sargent, William Hartford, CT 06183	$26.44	2VP Enterprise Internal Comm	Travelers Indemnity Co
03/07/2025	Sargent, William Hartford, CT 06183	$26.44	2VP Enterprise Internal Comm	Travelers Indemnity Co
03/21/2025	Sargent, William Hartford, CT 06183	$26.44	2VP Enterprise Internal Comm	Travelers Indemnity Co
04/04/2025	Sargent, William Hartford, CT 06183	$26.44	2VP Enterprise Internal Comm	Travelers Indemnity Co
04/18/2025	Sargent, William Hartford, CT 06183	$28.17	2VP Enterprise Internal Comm	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 687/858 Rpt: 690/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Sargent, William Hartford, CT 06183	$28.37	2VP Enterprise Internal Comm	Travelers Indemnity Co
05/16/2025	Sargent, William Hartford, CT 06183	$28.37	2VP Enterprise Internal Comm	Travelers Indemnity Co
05/30/2025	Sargent, William Hartford, CT 06183	$28.37	2VP Enterprise Internal Comm	Travelers Indemnity Co
06/13/2025	Sargent, William Hartford, CT 06183	$28.37	2VP Enterprise Internal Comm	Travelers Indemnity Co
06/27/2025	Sargent, William Hartford, CT 06183	$28.37	2VP Enterprise Internal Comm	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 688/858 Rpt: 691/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Scherer, Michele	$12.26
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Scherer, Michele	$12.26
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Scherer, Michele	$12.26
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Scherer, Michele	$12.26
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Scherer, Michele	$12.26
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 689/858 Rpt: 692/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Scherer, Michele Hartford, CT 06183	$12.26	Sr Dir	The Travelers Companies Inc.
04/18/2025	Scherer, Michele Hartford, CT 06183	$13.60	Sr Dir	The Travelers Companies Inc.
05/02/2025	Scherer, Michele Hartford, CT 06183	$13.75	Sr Dir	The Travelers Companies Inc.
05/16/2025	Scherer, Michele Hartford, CT 06183	$13.75	Sr Dir	The Travelers Companies Inc.
05/30/2025	Scherer, Michele Hartford, CT 06183	$13.75	Sr Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 690/858 Rpt: 693/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Scherer, Michele	$13.75
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 691/858 Rpt: 694/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
03/07/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
03/21/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
04/04/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
04/18/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 692/858 Rpt: 695/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
05/16/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
06/13/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
06/27/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	Director Claim Mgmt	Travelers Indemnity Co
01/10/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 693/858 Rpt: 696/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Schmidt, Amy	$10.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CUO Public Sector	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Schmidt, Amy	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Public Sector	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Schmidt, Amy	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Public Sector	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Schmidt, Amy	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Public Sector	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Schmidt, Amy	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Public Sector	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 694/858 Rpt: 697/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
04/18/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
05/02/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
05/16/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
06/13/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 695/858 Rpt: 698/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
01/10/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
01/24/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
02/07/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
02/21/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 696/858 Rpt: 699/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
03/21/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
04/04/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
04/18/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co
05/02/2025	Schnog, Caroline Hartford, CT 06183	$50.00	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 697/858 Rpt: 700/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Schnog, Caroline	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Schnog, Caroline	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Schnog, Caroline	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 698/858 Rpt: 701/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Schreier, Elise	$20.67
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Schreier, Elise	$20.67
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 699/858 Rpt: 702/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Schreier, Elise	$21.80
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Complex Claim Liability	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Schreier, Elise	$21.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Schreier, Elise	$21.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Schreier, Elise	$21.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Schreier, Elise	$21.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 700/858 Rpt: 703/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Schreier, Elise	$21.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Schwab, Walford	$14.11
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Schwab, Walford	$14.11
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Schwab, Walford	$14.11
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Schwab, Walford	$14.11
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 701/858 Rpt: 704/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Schwab, Walford	$14.11
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Schwab, Walford	$14.11
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Schwab, Walford	$14.71
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 702/858 Rpt: 705/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Schwab, Walford	$14.78
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 703/858 Rpt: 706/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Schweikowsky, Angelique	$15.19
	6 Contributor address; City; State; Zip Code Buffalo, NY 14202	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Schweikowsky, Angelique	$15.19
	Contributor address; City; State; Zip Code Buffalo, NY 14202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Claim Prod Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 704/858 Rpt: 707/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Schweikowsky, Angelique	$15.54
	6 Contributor address; City; State; Zip Code: Buffalo, NY 14202	
8 Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Schweikowsky, Angelique	$15.58
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Schweikowsky, Angelique	$4.67
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Scoll, Matthew	$25.48
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Scoll, Matthew	$25.48
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 705/858 Rpt: 708/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Scoll, Matthew Hartford, CT 06183	$25.48	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
02/21/2025	Scoll, Matthew Hartford, CT 06183	$25.48	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
03/07/2025	Scoll, Matthew Hartford, CT 06183	$25.48	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
03/21/2025	Scoll, Matthew Hartford, CT 06183	$25.48	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
04/04/2025	Scoll, Matthew Hartford, CT 06183	$25.48	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 706/858 Rpt: 709/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Scoll, Matthew Hartford, CT 06183	$26.35	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/02/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/16/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
05/30/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
06/13/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 707/858 Rpt: 710/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Scoll, Matthew	$26.44
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Scudieri, Jonathan	$52.88
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ent Market Research	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Scudieri, Jonathan	$52.88
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ent Market Research	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Scudieri, Jonathan	$52.88
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ent Market Research	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Scudieri, Jonathan	$52.88
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ent Market Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 708/858 Rpt: 711/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Scudieri, Jonathan	$52.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Ent Market Research	**9** Employer (See Instructions): Travelers Indemnity Co	
03/21/2025	Scudieri, Jonathan	$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	
04/04/2025	Scudieri, Jonathan	$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	
04/18/2025	Scudieri, Jonathan	$55.31
	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	
05/02/2025	Scudieri, Jonathan	$55.58
	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 709/858 Rpt: 712/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Scudieri, Jonathan	$55.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Ent Market Research	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Scudieri, Jonathan	$55.58
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Scudieri, Jonathan	$55.58
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Scudieri, Jonathan	$55.58
	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Seaver, Vincent	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 710/858 Rpt: 713/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Seaver, Vincent Hartford, CT 06183	$45.77	VP Operations	Travelers Indemnity Co
02/07/2025	Seaver, Vincent Hartford, CT 06183	$45.77	VP Operations	Travelers Indemnity Co
02/21/2025	Seaver, Vincent Hartford, CT 06183	$45.77	VP Operations	Travelers Indemnity Co
03/07/2025	Seaver, Vincent Hartford, CT 06183	$45.77	VP Operations	Travelers Indemnity Co
03/21/2025	Seaver, Vincent Hartford, CT 06183	$45.77	VP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 711/858 Rpt: 714/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Seaver, Vincent **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$45.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	$45.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	$45.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	$45.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Seaver, Vincent Contributor address; City; State; Zip Code Hartford, CT 06183	$45.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 712/858 Rpt: 715/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Seaver, Vincent **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.77

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Seaver, Vincent Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.77

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Seminara, Nicholas Contributor address; City; State; Zip Code: Hartford, CT 06183	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Seminara, Nicholas Contributor address; City; State; Zip Code: Hartford, CT 06183	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Seminara, Nicholas Contributor address; City; State; Zip Code: Hartford, CT 06183	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 713/858 Rpt: 716/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Seminara, Nicholas	$250.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Seminara, Nicholas	$250.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Seminara, Nicholas	$250.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Seminara, Nicholas	$250.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Seminara, Nicholas	$284.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Chief Claim Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 714/858 Rpt: 717/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Seminara, Nicholas	$288.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Chief Claim Officer	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Seminara, Nicholas	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Claim Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Seminara, Nicholas	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Claim Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Seminara, Nicholas	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Claim Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Seminara, Nicholas	$288.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Chief Claim Officer	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 715/858 Rpt: 718/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Shasha, Todd	$35.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr. Mging Prod Dir PI Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Shasha, Todd	$35.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr. Mging Prod Dir PI Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Shasha, Todd	$35.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr. Mging Prod Dir PI Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Shasha, Todd	$35.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr. Mging Prod Dir PI Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Shelton, Martin	$17.31
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	
Principal occupation / Job title (See Instructions): 2VP National Property	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 716/858 Rpt: 719/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Shelton, Martin	$17.31
	6 Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Shelton, Martin	$17.31
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Shelton, Martin	$17.31
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Shelton, Martin	$17.31
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Shelton, Martin	$17.31
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 717/858 Rpt: 720/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Shelton, Martin Murfreesboro, TN 37128	$17.31	2VP National Property	Travelers Indemnity Co
04/18/2025	Shelton, Martin Murfreesboro, TN 37128	$17.70	2VP National Property	Travelers Indemnity Co
05/02/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	2VP National Property	Travelers Indemnity Co
05/16/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	2VP National Property	Travelers Indemnity Co
05/30/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	2VP National Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 718/858 Rpt: 721/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Shelton, Martin	$17.74
	6 Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Shelton, Martin	$17.74
	Contributor address; City; State; Zip Code: Murfreesboro, TN 37128	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Simmons, Robert	$25.00
	Contributor address; City; State; Zip Code: Spokane, WA 99201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Simmons, Robert	$25.00
	Contributor address; City; State; Zip Code: Spokane, WA 99201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Simmons, Robert	$25.00
	Contributor address; City; State; Zip Code: Spokane, WA 99201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 719/858 Rpt: 722/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Simmons, Robert Spokane, WA 99201	$25.00	VP Business Center	Travelers Indemnity Co
03/07/2025	Simmons, Robert Spokane, WA 99201	$25.00	VP Business Center	Travelers Indemnity Co
03/21/2025	Simmons, Robert Spokane, WA 99201	$25.00	VP Business Center	Travelers Indemnity Co
04/04/2025	Simmons, Robert Spokane, WA 99201	$25.00	VP Business Center	Travelers Indemnity Co
04/18/2025	Simmons, Robert Spokane, WA 99201	$25.00	VP Business Center	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 720/858 Rpt: 723/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Simmons, Robert **6** Contributor address; City; State; Zip Code Spokane, WA 99201	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Simmons, Robert Contributor address; City; State; Zip Code Spokane, WA 99201	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Simmons, Robert Contributor address; City; State; Zip Code Spokane, WA 99201	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Simmons, Robert Contributor address; City; State; Zip Code Spokane, WA 99201	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Singhal, Vikas Contributor address; City; State; Zip Code St. Paul, MN 55102	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 721/858 Rpt: 724/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Singhal, Vikas **6** Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Singhal, Vikas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Singhal, Vikas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Singhal, Vikas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Singhal, Vikas Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 722/858 Rpt: 725/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Singhal, Vikas	$30.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Singhal, Vikas	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Singhal, Vikas	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Singhal, Vikas	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Singhal, Vikas	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 723/858 Rpt: 726/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Singhal, Vikas	$30.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Fxd Inc Sr Managing Analyst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Sitte, Allison	$50.00
	Contributor address; City; State; Zip Code: Tallahassee, FL 32311	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Sitte, Allison	$50.00
	Contributor address; City; State; Zip Code: Tallahassee, FL 32311	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Sitte, Allison	$50.00
	Contributor address; City; State; Zip Code: Tallahassee, FL 32311	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Sitte, Allison	$50.00
	Contributor address; City; State; Zip Code: Tallahassee, FL 32311	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 724/858 Rpt: 727/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Sitte, Allison **6** Contributor address; City; State; Zip Code Tallahassee, FL 32311	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Sitte, Allison Contributor address; City; State; Zip Code Tallahassee, FL 32311	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Sitte, Allison Contributor address; City; State; Zip Code Tallahassee, FL 32311	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Sitte, Allison Contributor address; City; State; Zip Code Tallahassee, FL 32311	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Sitte, Allison Contributor address; City; State; Zip Code Tallahassee, FL 32311	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 725/858 Rpt: 728/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
06/13/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
06/27/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
01/10/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
01/24/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 726/858 Rpt: 729/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
02/21/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
03/07/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
03/21/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
04/04/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 727/858 Rpt: 730/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
05/02/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
05/16/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
06/13/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co
06/27/2025	Slowey, Scotti Hunt Valley, MD 21031	$10.00	Project Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 728/858 Rpt: 731/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Smith, David	$15.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 729/858 Rpt: 732/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Smith, David	$15.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
05/02/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
05/16/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 730/858 Rpt: 733/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Smith, David	$15.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP Chief Innovation Officer	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP Chief Innovation Officer	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP Chief Innovation Officer	Employer (See Instructions): TCI Global Services Inc	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 731/858 Rpt: 734/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2025	Smith, Kevin	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 732/858 Rpt: 735/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Smith, Kevin	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Chief Innovation Officer	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 733/858 Rpt: 736/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Smith, Matthew	$10.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 734/858 Rpt: 737/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 735/858 Rpt: 738/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Smith, Matthew	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Smith, Richard	$28.37
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Smith, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Smith, Richard	$28.37
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 736/858 Rpt: 739/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Smith, Richard	$28.37
	6 Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Smith, Richard	$28.37
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Smith, Richard	$28.37
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 737/858 Rpt: 740/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Smith, Richard Hartford, CT 06183	$60.00	Executive Counsel	Travelers Indemnity Co
03/21/2025	Smith, Richard Hartford, CT 06183	$60.00	Executive Counsel	Travelers Indemnity Co
03/21/2025	Smith, Richard Saint Croix Falls, WI 54024	$28.37	Regl President-Field Mgmt	Travelers Indemnity Co
04/04/2025	Smith, Richard Saint Croix Falls, WI 54024	$28.37	Regl President-Field Mgmt	Travelers Indemnity Co
04/04/2025	Smith, Richard Hartford, CT 06183	$60.00	Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 738/858 Rpt: 741/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Smith, Richard	$60.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Smith, Richard	$29.10
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 739/858 Rpt: 742/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Smith, Richard	$29.18
	6 Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: Saint Croix Falls, WI 54024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regl President-Field Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Smith, Richard	$60.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 740/858 Rpt: 743/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Smith, Richard Saint Croix Falls, WI 54024	$29.18	Regl President-Field Mgmt	Travelers Indemnity Co
01/10/2025	Sokolowski, Colleen Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
01/24/2025	Sokolowski, Colleen Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
02/07/2025	Sokolowski, Colleen Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
02/21/2025	Sokolowski, Colleen Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 741/858 Rpt: 744/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Sokolowski, Colleen	Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
03/21/2025	Sokolowski, Colleen	Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
04/04/2025	Sokolowski, Colleen	Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
04/18/2025	Sokolowski, Colleen	Hartford, CT 06183	$35.96	2VP Accounting	Travelers Indemnity Co
01/10/2025	Spaeth, Thomas	St. Paul, MN 55102	$75.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 742/858 Rpt: 745/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Spaeth, Thomas St. Paul, MN 55102	$75.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
02/07/2025	Spaeth, Thomas St. Paul, MN 55102	$75.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
02/21/2025	Spaeth, Thomas St. Paul, MN 55102	$75.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
03/07/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
03/21/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 743/858 Rpt: 746/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
04/18/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
05/02/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
05/16/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
06/13/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 744/858 Rpt: 747/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Spaeth, Thomas	$100.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Spohn, Mark	$72.12
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Spohn, Mark	$72.12
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Spohn, Mark	$72.12
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Spohn, Mark	$72.12
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 745/858 Rpt: 748/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Spohn, Mark **6** Contributor address; City; State; Zip Code Walnut Creek, CA 94598	$72.12

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Spohn, Mark Contributor address; City; State; Zip Code Walnut Creek, CA 94598	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Spohn, Mark Contributor address; City; State; Zip Code Walnut Creek, CA 94598	$72.12

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Spohn, Mark Contributor address; City; State; Zip Code Walnut Creek, CA 94598	$76.44

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Spohn, Mark Contributor address; City; State; Zip Code Walnut Creek, CA 94598	$76.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 746/858 Rpt: 749/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Spohn, Mark	$76.92
	6 Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Stanton, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Business Architect Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 747/858 Rpt: 750/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
02/07/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
02/21/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
03/07/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
03/21/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 748/858 Rpt: 751/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
04/18/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
05/02/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
05/16/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
06/13/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 749/858 Rpt: 752/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Stanton, Tracy Hartford, CT 06183	$10.00	2VP Business Architect Lead	Travelers Indemnity Co
01/10/2025	Stepanishen, Kent Hartford, CT 06183	$35.00	VP BI Property UW	Travelers Indemnity Co
01/24/2025	Stepanishen, Kent Hartford, CT 06183	$35.00	VP BI Property UW	Travelers Indemnity Co
02/07/2025	Stepanishen, Kent Hartford, CT 06183	$35.00	VP BI Property UW	Travelers Indemnity Co
02/21/2025	Stepanishen, Kent Hartford, CT 06183	$35.00	VP BI Property UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 750/858 Rpt: 753/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Stepanishen, Kent	$35.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 751/858 Rpt: 754/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Stepanishen, Kent	$35.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BI Property UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Strong, Deborah	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Tech & Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Strong, Deborah	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & CFO Tech & Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 752/858 Rpt: 755/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Strong, Deborah Hartford, CT 06183	$33.65	SVP & CFO Tech & Operations	Travelers Indemnity Co
03/07/2025	Strong, Deborah Hartford, CT 06183	$33.65	SVP & CFO Tech & Operations	Travelers Indemnity Co
03/21/2025	Strong, Deborah Hartford, CT 06183	$33.65	SVP & CFO Tech & Operations	Travelers Indemnity Co
04/04/2025	Strong, Deborah Hartford, CT 06183	$33.65	SVP & CFO Tech & Operations	Travelers Indemnity Co
04/18/2025	Strong, Deborah Hartford, CT 06183	$35.38	SVP & CFO Tech & Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 753/858 Rpt: 756/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Strong, Deborah	$35.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 754/858 Rpt: 757/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Suda, Gerard	$39.62
	6 Contributor address; City; State; Zip Code: Morristown, NJ 07960	
8 Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Suda, Gerard	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 755/858 Rpt: 758/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Suda, Gerard Morristown, NJ 07960	$39.62	UW Officer Nat'l Accts	Travelers Indemnity Co
04/04/2025	Suda, Gerard Morristown, NJ 07960	$39.62	UW Officer Nat'l Accts	Travelers Indemnity Co
04/18/2025	Suda, Gerard Morristown, NJ 07960	$39.62	UW Officer Nat'l Accts	Travelers Indemnity Co
05/02/2025	Suda, Gerard Morristown, NJ 07960	$39.62	UW Officer Nat'l Accts	Travelers Indemnity Co
05/16/2025	Suda, Gerard Morristown, NJ 07960	$39.62	UW Officer Nat'l Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 756/858 Rpt: 759/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Suda, Gerard	$39.62
	6 Contributor address; City; State; Zip Code: Morristown, NJ 07960	
8 Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): UW Officer Nat'l Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Sullivan, Timothy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Sullivan, Timothy	$22.60
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 757/858 Rpt: 760/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
02/21/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
03/07/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
03/21/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
04/04/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 758/858 Rpt: 761/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
05/02/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
05/16/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
05/30/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co
06/13/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 759/858 Rpt: 762/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/27/2025	Sullivan, Timothy	$22.60
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Teitelman, David	$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	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Teitelman, David	$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	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Teitelman, David	$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	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Teitelman, David	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 760/858 Rpt: 763/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Teitelman, David Hartford, CT 06183	$45.00	Managing Counsel	Travelers Indemnity Co
03/21/2025	Teitelman, David Hartford, CT 06183	$45.00	Managing Counsel	Travelers Indemnity Co
04/04/2025	Teitelman, David Hartford, CT 06183	$45.00	Managing Counsel	Travelers Indemnity Co
04/18/2025	Teitelman, David Hartford, CT 06183	$45.00	Managing Counsel	Travelers Indemnity Co
05/02/2025	Teitelman, David Hartford, CT 06183	$45.00	Managing Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 761/858 Rpt: 764/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Teitelman, David	$45.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Teitelman, David	$45.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Teitelman, David	$45.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Teitelman, David	$45.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Counsel	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 762/858 Rpt: 765/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Tetreault, Michael	$89.42
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 763/858 Rpt: 766/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Tetreault, Michael Hartford, CT 06183	$89.42	VP Bus Process Effctvnss UW	Travelers Indemnity Co
04/18/2025	Tetreault, Michael Hartford, CT 06183	$89.42	VP Bus Process Effctvnss UW	Travelers Indemnity Co
05/02/2025	Tetreault, Michael Hartford, CT 06183	$89.42	VP Bus Process Effctvnss UW	Travelers Indemnity Co
05/16/2025	Tetreault, Michael Hartford, CT 06183	$89.42	VP Bus Process Effctvnss UW	Travelers Indemnity Co
05/30/2025	Tetreault, Michael Hartford, CT 06183	$89.42	VP Bus Process Effctvnss UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 764/858 Rpt: 767/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Tetreault, Michael	$89.42
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Bus Process Effctvnss UW	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Thompson, Benjamin	$19.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Thompson, Benjamin	$19.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Thompson, Benjamin	$19.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 765/858 Rpt: 768/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Thompson, Benjamin Hartford, CT 06183	$19.23	Sr Counsel	The Travelers Companies Inc.
03/21/2025	Thompson, Benjamin Hartford, CT 06183	$19.23	Sr Counsel	The Travelers Companies Inc.
04/04/2025	Thompson, Benjamin Hartford, CT 06183	$19.23	Sr Counsel	The Travelers Companies Inc.
04/18/2025	Thompson, Benjamin Hartford, CT 06183	$20.10	Sr Counsel	The Travelers Companies Inc.
05/02/2025	Thompson, Benjamin Hartford, CT 06183	$20.19	Sr Counsel	The Travelers Companies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 766/858 Rpt: 769/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Thompson, Benjamin	$20.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Counsel	**9** Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Thompson, Benjamin	$20.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Thompson, Benjamin	$20.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Thompson, Benjamin	$20.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): The Travelers Companies Inc.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Tice, Charles	$27.40
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 767/858 Rpt: 770/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Tice, Charles	$27.40
	6 Contributor address; City; State; Zip Code: Morristown, NJ 07960	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Tice, Charles	$27.40
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Tice, Charles	$27.40
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Tice, Charles	$27.40
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Tice, Charles	$27.40
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 768/858 Rpt: 771/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Tice, Charles	$28.70
	6 Contributor address; City; State; Zip Code: Morristown, NJ 07960	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Morristown, NJ 07960	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Commercial Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 769/858 Rpt: 772/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Tice, Charles Morristown, NJ 07960	$28.85	RVP Commercial Accounts	Travelers Indemnity Co
01/10/2025	Tiefel, Alexander Centennial, CO 80112	$23.37	National Accounts VP	Travelers Indemnity Co
01/24/2025	Tiefel, Alexander Centennial, CO 80112	$23.37	National Accounts VP	Travelers Indemnity Co
02/07/2025	Tiefel, Alexander Centennial, CO 80112	$23.37	National Accounts VP	Travelers Indemnity Co
02/21/2025	Tiefel, Alexander Centennial, CO 80112	$23.37	National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 770/858 Rpt: 773/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Tiefel, Alexander	$23.37
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Tiefel, Alexander	$23.37
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Tiefel, Alexander	$23.37
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Tiefel, Alexander	$24.06
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Tiefel, Alexander	$24.13
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 771/858 Rpt: 774/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Tiefel, Alexander	$24.13
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions): National Accounts VP	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Tiefel, Alexander	$24.13
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): National Accounts VP	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Tiefel, Alexander	$24.13
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): National Accounts VP	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Tiefel, Alexander	$24.13
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): National Accounts VP	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 772/858 Rpt: 775/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Tiffany, Toby	$47.12
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 773/858 Rpt: 776/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Tiffany, Toby	$47.12
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Tiffany, Toby	$47.12
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP PL	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 774/858 Rpt: 777/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Tiffany, Toby	$50.96
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions): RVP PL	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Tiffany, Toby	$54.81
	Contributor address; City; State; Zip Code: Centennial, CO 80112	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 775/858 Rpt: 778/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
02/21/2025	Toczydlowski, Gregory Hartford, CT 06183	$208.33
8 Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	**9** Employer (See Instructions): Travelers Indemnity Co	
03/07/2025	Toczydlowski, Gregory Hartford, CT 06183	$208.33
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
03/21/2025	Toczydlowski, Gregory Hartford, CT 06183	$208.33
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
04/04/2025	Toczydlowski, Gregory Hartford, CT 06183	$208.33
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
04/18/2025	Toczydlowski, Gregory Hartford, CT 06183	$208.33
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 776/858 Rpt: 779/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/02/2025	Toczydlowski, Gregory	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Business Insurance	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): 2VP National Severity	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 777/858 Rpt: 780/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co
02/07/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co
02/21/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co
03/07/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co
03/21/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 778/858 Rpt: 781/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Tomlinson, Craig	$20.00
	6 Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
8 Principal occupation / Job title (See Instructions): 2VP National Severity	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): 2VP National Severity	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): 2VP National Severity	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): 2VP National Severity	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): 2VP National Severity	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 779/858 Rpt: 782/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	2VP National Severity	Travelers Indemnity Co
01/10/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
01/24/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
02/07/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
02/21/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 780/858 Rpt: 783/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
03/21/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
04/04/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
04/18/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
05/02/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 781/858 Rpt: 784/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
06/13/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
06/27/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
01/10/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co
01/24/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 782/858 Rpt: 785/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co
02/21/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co
03/07/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co
03/21/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co
04/04/2025	Torsiello, Anthony Hartford, CT 06183	$46.15	VP Controller	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 783/858 Rpt: 786/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Torsiello, Anthony	$46.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Controller	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Torsiello, Anthony	$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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Torsiello, Anthony	$23.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Controller	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 784/858 Rpt: 787/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Trauth, Kurt	$17.31
	6 Contributor address; City; State; Zip Code: Greer, SC 29650	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Trauth, Kurt	$17.31
	Contributor address; City; State; Zip Code: Greer, SC 29650	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 785/858 Rpt: 788/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Trauth, Kurt	$17.78
	6 Contributor address; City; State; Zip Code: Greer, SC 29650	
8 Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Trauth, Kurt	$17.84
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Trauth, Kurt	$17.84
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Trauth, Kurt	$17.84
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Trauth, Kurt	$17.84
	Contributor address; City; State; Zip Code: Greer, SC 29650	
Principal occupation / Job title (See Instructions): Sr Dir Bus Perform Analytics	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 786/858 Rpt: 789/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Trauth, Kurt	$17.84
	6 Contributor address; City; State; Zip Code: Greer, SC 29650	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Traver, William	$26.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Traver, William	$26.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Traver, William	$26.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Traver, William	$26.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VPCountrywide Product BI BCO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 787/858 Rpt: 790/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Traver, William Hartford, CT 06183	$26.15	VPCountrywide Product BI BCO	Travelers Indemnity Co
03/21/2025	Traver, William Hartford, CT 06183	$26.15	VPCountrywide Product BI BCO	Travelers Indemnity Co
04/04/2025	Traver, William Hartford, CT 06183	$26.15	VPCountrywide Product BI BCO	Travelers Indemnity Co
04/18/2025	Traver, William Hartford, CT 06183	$26.15	VPCountrywide Product BI BCO	Travelers Indemnity Co
05/02/2025	Traver, William Hartford, CT 06183	$26.15	VPCountrywide Product BI BCO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 788/858 Rpt: 791/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Traver, William	$26.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VPCountrywide Product BI BCO	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Traver, William	$26.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPCountrywide Product BI BCO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Traver, William	$26.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPCountrywide Product BI BCO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Traver, William	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VPCountrywide Product BI BCO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Turcotte, Edward	$42.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP UW BI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 789/858 Rpt: 792/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co
02/07/2025	Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co
02/21/2025	Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co
03/07/2025	Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co
03/21/2025	Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 790/858 Rpt: 793/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	☐ out-of-state PAC (ID#:_____) Turcotte, Edward Hartford, CT 06183	$42.31	2VP UW BI	Travelers Indemnity Co
04/18/2025	☐ out-of-state PAC (ID#:_____) Turcotte, Edward Hartford, CT 06183	$44.90	2VP UW BI	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Turcotte, Edward Hartford, CT 06183	$45.19	2VP UW BI	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Turcotte, Edward Hartford, CT 06183	$45.19	2VP UW BI	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Turcotte, Edward Hartford, CT 06183	$45.19	2VP UW BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 791/858 Rpt: 794/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Turcotte, Edward **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Turcotte, Edward Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP UW BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Turner, Janis Contributor address; City; State; Zip Code: Hartford, CT 06183	$93.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Turner, Janis Contributor address; City; State; Zip Code: Hartford, CT 06183	$93.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Turner, Janis Contributor address; City; State; Zip Code: Hartford, CT 06183	$93.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 792/858 Rpt: 795/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/21/2025	Turner, Janis	$93.03
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 793/858 Rpt: 796/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/02/2025	Turner, Janis	$93.03
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Marketing & Web Ops-PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 794/858 Rpt: 797/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81	Sr Counsel	Travelers Indemnity Co
01/24/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81	Sr Counsel	Travelers Indemnity Co
02/07/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81	Sr Counsel	Travelers Indemnity Co
02/21/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81	Sr Counsel	Travelers Indemnity Co
03/07/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81	Sr Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 795/858 Rpt: 798/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
03/21/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/04/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$24.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
04/18/2025	☐ out-of-state PAC (ID#:_____) Ungaro, Michael Hartford, CT 06183	$12.40

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Urban, Becky Alpharetta, GA 30005	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/24/2025	☐ out-of-state PAC (ID#:_____) Urban, Becky Alpharetta, GA 30005	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 796/858 Rpt: 799/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Urban, Becky	$10.00
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Urban, Becky	$27.40
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Urban, Becky	$27.40
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Urban, Becky	$27.40
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Urban, Becky	$27.40
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 797/858 Rpt: 800/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Urban, Becky	$10.00
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BI Field Vice President	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 798/858 Rpt: 801/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/24/2025	Van Scoter, Jennifer	$20.67
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Van Scoter, Jennifer	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Van Scoter, Jennifer	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Van Scoter, Jennifer	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Van Scoter, Jennifer	$20.67
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 799/858 Rpt: 802/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/04/2025	Van Scoter, Jennifer Hartford, CT 06183	$20.67	2VP Process Engineering	Travelers Indemnity Co
04/18/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.32	2VP Process Engineering	Travelers Indemnity Co
05/02/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	2VP Process Engineering	Travelers Indemnity Co
05/16/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	2VP Process Engineering	Travelers Indemnity Co
05/30/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	2VP Process Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 800/858 Rpt: 803/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Van Scoter, Jennifer	$21.39
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Process Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Vendetta, Craig	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Vendetta, Craig	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Vendetta, Craig	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 801/858 Rpt: 804/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
03/07/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
03/21/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
04/04/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
04/18/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 802/858 Rpt: 805/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
05/16/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
06/13/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
06/27/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
01/10/2025	Verbeten, Alexander Woodbury, MN 55125	$12.26	VP Portfolio Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 803/858 Rpt: 806/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander Woodbury, MN 55125	$20.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander Woodbury, MN 55125	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander Woodbury, MN 55125	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander Woodbury, MN 55125	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/10/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander Woodbury, MN 55125	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 804/858 Rpt: 807/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Verbeten, Alexander Woodbury, MN 55125	$10.00	VP Portfolio Management	Travelers Indemnity Co
01/10/2025	Verbeten, Alexander Woodbury, MN 55125	$10.00	VP Portfolio Management	Travelers Indemnity Co
01/24/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co
02/07/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co
02/21/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 805/858 Rpt: 808/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co
03/21/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co
04/04/2025	Verbeten, Alexander Woodbury, MN 55125	$20.19	VP Portfolio Management	Travelers Indemnity Co
04/18/2025	Verbeten, Alexander Woodbury, MN 55125	$21.49	VP Portfolio Management	Travelers Indemnity Co
05/02/2025	Verbeten, Alexander Woodbury, MN 55125	$21.63	VP Portfolio Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 806/858 Rpt: 809/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	Verbeten, Alexander Woodbury, MN 55125	$21.63	VP Portfolio Management	Travelers Indemnity Co
05/30/2025	Verbeten, Alexander Woodbury, MN 55125	$21.63	VP Portfolio Management	Travelers Indemnity Co
06/13/2025	Verbeten, Alexander Woodbury, MN 55125	$21.63	VP Portfolio Management	Travelers Indemnity Co
06/27/2025	Verbeten, Alexander Woodbury, MN 55125	$21.63	VP Portfolio Management	Travelers Indemnity Co
01/10/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 807/858 Rpt: 810/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co
02/07/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co
02/21/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co
03/07/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co
03/21/2025	Verfurth, Charles Hartford, CT 06183	$105.29	SVP President Natl Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 808/858 Rpt: 811/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Verfurth, Charles	$105.29
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Verfurth, Charles	$109.18
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Verfurth, Charles	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Verfurth, Charles	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Verfurth, Charles	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 809/858 Rpt: 812/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/13/2025	Verfurth, Charles	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Verfurth, Charles	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP President Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Videla, Gonzalo	$46.92
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Videla, Gonzalo	$46.92
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Videla, Gonzalo	$46.92
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 810/858 Rpt: 813/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Videla, Gonzalo	$46.92
	6 Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Videla, Gonzalo	$46.92
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Videla, Gonzalo	$46.92
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Videla, Gonzalo	$49.52
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 811/858 Rpt: 814/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Videla, Gonzalo	$49.81
	6 Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Philadelphia, PA 19102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International RUO Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Walsh, Janice	$32.21
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 812/858 Rpt: 815/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/24/2025	Walsh, Janice Hartford, CT 06183	$32.21	SVP Human Resources	Travelers Indemnity Co
02/07/2025	Walsh, Janice Hartford, CT 06183	$32.21	SVP Human Resources	Travelers Indemnity Co
02/21/2025	Walsh, Janice Hartford, CT 06183	$32.21	SVP Human Resources	Travelers Indemnity Co
03/07/2025	Walsh, Janice Hartford, CT 06183	$32.21	SVP Human Resources	Travelers Indemnity Co
03/21/2025	Walsh, Janice Hartford, CT 06183	$32.21	SVP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 813/858 Rpt: 816/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/04/2025	Walsh, Janice	$32.21
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Walsh, Janice	$33.51
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Walsh, Janice	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Walsh, Janice	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Walsh, Janice	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 814/858 Rpt: 817/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Walsh, Janice	$33.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Walsh, Janice	$33.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Walsh, Stacy	$50.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Walsh, Stacy	$50.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Walsh, Stacy	$50.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Legal Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 815/858 Rpt: 818/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Walsh, Stacy	$50.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Legal Ops	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Walsh, Stacy	$50.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Walsh, Stacy	$50.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Walsh, Stacy	$52.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 816/858 Rpt: 819/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Walsh, Stacy	$52.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Legal Ops	**9** Employer (See Instructions): Travelers Indemnity Co	
05/30/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
06/13/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
06/27/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	
01/10/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Operations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 817/858 Rpt: 820/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
01/24/2025	Warne, Bradley Hartford, CT 06183	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/07/2025	Warne, Bradley Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/21/2025	Warne, Bradley Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/07/2025	Warne, Bradley Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
03/21/2025	Warne, Bradley Hartford, CT 06183	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 818/858 Rpt: 821/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Warne, Bradley	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 819/858 Rpt: 822/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Warne, Bradley Hartford, CT 06183	$25.00	2VP Operations	Travelers Indemnity Co
01/10/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
01/24/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
02/07/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
02/21/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 820/858 Rpt: 823/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/07/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
03/21/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
04/04/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
04/18/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
05/02/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 821/858 Rpt: 824/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/16/2025	Warner, Jaynine	$30.00
	6 Contributor address; City; State; Zip Code: Wilmington, DE 19803	
8 Principal occupation / Job title (See Instructions): AVP Government Relations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	
Principal occupation / Job title (See Instructions): AVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	
Principal occupation / Job title (See Instructions): AVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 822/858 Rpt: 825/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Welch, Lawrence	$55.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP UW Comm Accts	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW Comm Accts	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 823/858 Rpt: 826/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2025	Welch, Lawrence	$55.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/30/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Welch, Lawrence	$55.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 824/858 Rpt: 827/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
06/27/2025	Welch, Lawrence	$55.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW Comm Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 825/858 Rpt: 828/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Westermeyer, Christopher	$47.50
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics II	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 826/858 Rpt: 829/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/16/2025	☐ out-of-state PAC (ID#:_____) Westermeyer, Christopher St. Paul, MN 55102	$47.50	VP Actuarial & Analytics II	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Westermeyer, Christopher St. Paul, MN 55102	$47.50	VP Actuarial & Analytics II	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Westermeyer, Christopher St. Paul, MN 55102	$47.50	VP Actuarial & Analytics II	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Westermeyer, Christopher St. Paul, MN 55102	$47.50	VP Actuarial & Analytics II	Travelers Indemnity Co
01/10/2025	☐ out-of-state PAC (ID#:_____) Westrick, Glenn Hartford, CT 06183	$138.46	SVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 827/858 Rpt: 830/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/24/2025	Westrick, Glenn **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$138.46

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183	$138.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183	$138.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183	$138.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Westrick, Glenn Contributor address; City; State; Zip Code Hartford, CT 06183	$138.46

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 828/858 Rpt: 831/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/04/2025	Westrick, Glenn	$138.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Government Relations	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Westrick, Glenn	$138.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Westrick, Glenn	$138.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Westrick, Glenn	$138.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Westrick, Glenn	$138.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 829/858 Rpt: 832/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/13/2025	Westrick, Glenn	$138.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Westrick, Glenn	$138.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Government Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Wicks, Patrick	$32.69
	Contributor address; City; State; Zip Code: Jenkintown, PA 19046	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Client Delivery Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Wicks, Patrick	$32.69
	Contributor address; City; State; Zip Code: Jenkintown, PA 19046	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Client Delivery Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Wicks, Patrick	$32.69
	Contributor address; City; State; Zip Code: Jenkintown, PA 19046	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Client Delivery Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 830/858 Rpt: 833/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/21/2025	Wicks, Patrick Jenkintown, PA 19046	$32.69	Client Delivery Director	Travelers Indemnity Co
03/07/2025	Wicks, Patrick Jenkintown, PA 19046	$32.69	Client Delivery Director	Travelers Indemnity Co
03/21/2025	Wicks, Patrick Jenkintown, PA 19046	$32.69	Client Delivery Director	Travelers Indemnity Co
04/04/2025	Wicks, Patrick Jenkintown, PA 19046	$32.69	Client Delivery Director	Travelers Indemnity Co
04/18/2025	Wicks, Patrick Jenkintown, PA 19046	$34.42	Client Delivery Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 831/858 Rpt: 834/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/02/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	Client Delivery Director	Travelers Indemnity Co
05/16/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	Client Delivery Director	Travelers Indemnity Co
05/30/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	Client Delivery Director	Travelers Indemnity Co
06/13/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	Client Delivery Director	Travelers Indemnity Co
06/27/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	Client Delivery Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 832/858 Rpt: 835/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
01/10/2025	Wilczak, Jason	$21.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Wilczak, Jason	$21.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/07/2025	Wilczak, Jason	$21.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Wilczak, Jason	$21.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Wilczak, Jason	$21.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 833/858 Rpt: 836/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
03/21/2025	Wilczak, Jason	Hartford, CT 06183	$21.15	Lead Software Engineer - Mgr	Travelers Indemnity Co
04/04/2025	Wilczak, Jason	Hartford, CT 06183	$21.15	Lead Software Engineer - Mgr	Travelers Indemnity Co
04/18/2025	Wilczak, Jason	Hartford, CT 06183	$21.92	Lead Software Engineer - Mgr	Travelers Indemnity Co
05/02/2025	Wilczak, Jason	Hartford, CT 06183	$22.00	Lead Software Engineer - Mgr	Travelers Indemnity Co
05/16/2025	Wilczak, Jason	Hartford, CT 06183	$22.00	Lead Software Engineer - Mgr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 834/858 Rpt: 837/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Wilczak, Jason	$22.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Wilczak, Jason	$22.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Wilczak, Jason	$22.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Lead Software Engineer - Mgr	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Chicago, IL 60601	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Chicago, IL 60601	
Principal occupation / Job title (See Instructions): Managing Dir Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 835/858 Rpt: 838/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Williams, Aaron Chicago, IL 60601	$38.47	Managing Dir Bond & SI	Travelers Indemnity Co
02/21/2025	Williams, Aaron Chicago, IL 60601	$38.47	Managing Dir Bond & SI	Travelers Indemnity Co
03/07/2025	Williams, Aaron Chicago, IL 60601	$38.47	Managing Dir Bond & SI	Travelers Indemnity Co
03/21/2025	Williams, Aaron Chicago, IL 60601	$38.47	Managing Dir Bond & SI	Travelers Indemnity Co
04/04/2025	Williams, Aaron Chicago, IL 60601	$38.47	Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 836/858 Rpt: 839/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Williams, Aaron **6** Contributor address; City; State; Zip Code Chicago, IL 60601	$38.47

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Williams, Aaron Contributor address; City; State; Zip Code Chicago, IL 60601	$38.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Williams, Aaron Contributor address; City; State; Zip Code Chicago, IL 60601	$38.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Williams, Aaron Contributor address; City; State; Zip Code Chicago, IL 60601	$38.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Williams, Aaron Contributor address; City; State; Zip Code Chicago, IL 60601	$38.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 837/858 Rpt: 840/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
01/10/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
01/24/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
02/07/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
02/21/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
03/07/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 838/858 Rpt: 841/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/21/2025	Williams, Peter	$20.96
	6 Contributor address; City; State; Zip Code Melville, NY 11747	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2VP Claim Management I	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Williams, Peter	$20.96
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Management I	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Williams, Peter	$20.96
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Management I	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Williams, Peter	$20.96
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Management I	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Williams, Peter	$20.96
	Contributor address; City; State; Zip Code Melville, NY 11747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2VP Claim Management I	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 839/858 Rpt: 842/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
05/30/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
06/13/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
06/27/2025	Williams, Peter Melville, NY 11747	$20.96	2VP Claim Management I	Travelers Indemnity Co
01/10/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
01/24/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 840/858 Rpt: 843/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/07/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
02/21/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
03/07/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
03/21/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
04/04/2025	Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 841/858 Rpt: 844/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co
06/27/2025	☐ out-of-state PAC (ID#:_____) Wilson, Matthew Melville, NY 11747	$10.00	2VP Managing Dir Comml Accts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 842/858 Rpt: 845/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/10/2025	Woods, Mary	$38.94
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Woods, Mary	$38.94
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2025	Woods, Mary	$38.94
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Woods, Mary	$38.94
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Woods, Mary	$38.94
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 843/858 Rpt: 846/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/21/2025	Woods, Mary **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.94

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 844/858 Rpt: 847/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/30/2025	Woods, Mary	$38.94
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Woods, Mary	$39.90
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Woods, Mary	$40.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Chief UW Officer BI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 845/858 Rpt: 848/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/07/2025	Woodward, Joan	$173.08
	6 Contributor address; City; State; Zip Code: Washington, DC 20005	
8 Principal occupation / Job title (See Instructions): EVP PublicPlcy & Pres TRVInst	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/21/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): EVP PublicPlcy & Pres TRVInst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/07/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): EVP PublicPlcy & Pres TRVInst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): EVP PublicPlcy & Pres TRVInst	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Woodward, Joan	$173.08
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): EVP PublicPlcy & Pres TRVInst	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 846/858 Rpt: 849/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	☐ out-of-state PAC (ID#:_____) Woodward, Joan Washington, DC 20005	$186.06	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
05/02/2025	☐ out-of-state PAC (ID#:_____) Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
05/16/2025	☐ out-of-state PAC (ID#:_____) Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
05/30/2025	☐ out-of-state PAC (ID#:_____) Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
06/13/2025	☐ out-of-state PAC (ID#:_____) Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 847/858 Rpt: 850/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
01/10/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
01/24/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
02/07/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
02/21/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 848/858 Rpt: 851/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
03/07/2025	Wucherpfennig, James	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Property	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/21/2025	Wucherpfennig, James	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/04/2025	Wucherpfennig, James	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
04/18/2025	Wucherpfennig, James	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Wucherpfennig, James	$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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 849/858 Rpt: 852/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Wucherpfennig, James	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Wucherpfennig, James	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Wucherpfennig, James	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2025	Yin, Daniel	$211.54
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2025	Yin, Daniel	$211.54
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 850/858 Rpt: 853/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Yin, Daniel **6** Contributor address; City; State; Zip Code New York City, NY 10017	$211.54

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	$211.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	$211.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	$211.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Yin, Daniel Contributor address; City; State; Zip Code New York City, NY 10017	$211.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Co-Chief Investment Offcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 851/858 Rpt: 854/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
04/18/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
05/02/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
05/16/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
05/30/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
06/13/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 852/858 Rpt: 855/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
06/27/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
01/10/2025	Zernicke, Geoffrey St. Paul, MN 55102	$10.00	RVP Claim	Travelers Indemnity Co
01/24/2025	Zernicke, Geoffrey St. Paul, MN 55102	$10.00	RVP Claim	Travelers Indemnity Co
02/07/2025	Zernicke, Geoffrey St. Paul, MN 55102	$10.00	RVP Claim	Travelers Indemnity Co
02/21/2025	Zernicke, Geoffrey St. Paul, MN 55102	$10.00	RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 853/858 Rpt: 856/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
03/07/2025	Zernicke, Geoffrey	$10.00
	6 Contributor address; City; State; Zip Code St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/18/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 854/858 Rpt: 857/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/16/2025	Zernicke, Geoffrey	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/13/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
06/27/2025	Zernicke, Geoffrey	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/02/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Principal Bus. Sys. Analyst	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/16/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Principal Bus. Sys. Analyst	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 855/858 Rpt: 858/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
05/30/2025	Ziegelmayer, Stephen	$39.40
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Principal Bus. Sys. Analyst	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Principal Bus. Sys. Analyst	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/27/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Principal Bus. Sys. Analyst	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/10/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Product Management PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/24/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Product Management PI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 856/858 Rpt: 859/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/07/2025	Zielinski, William	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/21/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/07/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/21/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/04/2025	Zielinski, William	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 857/858 Rpt: 860/863

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
04/18/2025	Zielinski, William **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.63

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/02/2025	Zielinski, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/16/2025	Zielinski, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
05/30/2025	Zielinski, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/13/2025	Zielinski, William Contributor address; City; State; Zip Code: Hartford, CT 06183	$48.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 858/858 Rpt: 861/863

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date
06/27/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Zielinski, William

6 Contributor address; City; State; Zip Code
Hartford, CT 06183

7 Amount of Contribution ($)
$48.08

8 Principal occupation / Job title (See Instructions)
SVP Product Management PI

9 Employer (See Instructions)
Travelers Indemnity Co

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.		**1** Total pages Schedule C4: Sch: 1/1 Rpt: 862/863
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		**3** Filer ID (Ethics Commission Filers) 00087159
4 Date 06/30/2025	**5** Corporation / Labor Organization name The Travelers Companies, Inc.	**6** Amount ($) 500.00

TEXT ANNOTATION

Sch: 1/1 Rpt: 863/863

FILER NAME	Filer ID (Ethics Commission Filers)
The Travelers Companies, Inc. Political Action Committee (T-PAC)	00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

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 $209,200.00.