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:
894

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

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
01/14/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
One Tower Square

Hartford, CT 06183

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: 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
☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
One Tower Square

Hartford, CT 06183

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(860) 277-9543

9 REPORT TYPE

- ☒ January 15
- ☐ 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: 07/01/2025 THROUGH Month Day Year: 12/31/2025

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	$ 7,469.51
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 225,658.89
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	$ 242,530.35
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	**$** 225,158.89
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
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: 1/889 Rpt: 4/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Abrahms, Nathaniel	$50.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Abrahms, Nathaniel	$50.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/889 Rpt: 5/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Abrahms, Nathaniel Hartford, CT 06183	$50.00	VP Strategic Practices	Travelers Indemnity Co
10/03/2025	Abrahms, Nathaniel Hartford, CT 06183	$50.00	VP Strategic Practices	Travelers Indemnity Co
10/17/2025	Abrahms, Nathaniel Hartford, CT 06183	$50.00	VP Strategic Practices	Travelers Indemnity Co
11/14/2025	Abrahms, Nathaniel Hartford, CT 06183	$50.00	VP Strategic Practices	Travelers Indemnity Co
11/28/2025	Abrahms, Nathaniel Hartford, CT 06183	$50.00	VP Strategic Practices	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/889 Rpt: 6/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Abrahms, Nathaniel Hartford, CT 06183	$50.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Abrahms, Nathaniel Hartford, CT 06183	$50.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Agostinelli, Mark 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 / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Agostinelli, Mark 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 / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Agostinelli, Mark 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: 4/889 Rpt: 7/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Agostinelli, Mark	$26.73
	6 Contributor address; City; State; Zip Code Edison, NJ 08837	

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 ($)
09/05/2025	Agostinelli, Mark	$26.73
	Contributor address; City; State; Zip Code Edison, NJ 08837	

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 ($)
09/18/2025	Agostinelli, Mark	$26.73
	Contributor address; City; State; Zip Code Edison, NJ 08837	

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 ($)
10/03/2025	Agostinelli, Mark	$26.73
	Contributor address; City; State; Zip Code Edison, NJ 08837	

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 ($)
10/17/2025	Agostinelli, Mark	$26.73
	Contributor address; City; State; Zip Code Edison, NJ 08837	

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: 5/889 Rpt: 8/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Agostinelli, Mark **6** Contributor address; City; State; Zip Code: 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#:)	Amount of Contribution ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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

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1 Total pages Schedule A1: Sch: 6/889 Rpt: 9/894

2 FILER 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)
07/11/2025	☐ out-of-state PAC (ID#:_____) Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
07/25/2025	☐ out-of-state PAC (ID#:_____) Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
08/08/2025	☐ out-of-state PAC (ID#:_____) Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
08/22/2025	☐ out-of-state PAC (ID#:_____) Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc
09/05/2025	☐ out-of-state PAC (ID#:_____) Agrawal, Kamal Hartford, CT 06183	$20.00	Group General Counsel - International	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 7/889 Rpt: 10/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Agrawal, Kamal **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$20.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Agrawal, Kamal Contributor address; City; State; Zip Code 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#:_____)	Amount of Contribution ($)
10/17/2025	Agrawal, Kamal Contributor address; City; State; Zip Code 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#:_____)	Amount of Contribution ($)
11/14/2025	Agrawal, Kamal Contributor address; City; State; Zip Code 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#:_____)	Amount of Contribution ($)
11/28/2025	Agrawal, Kamal Contributor address; City; State; Zip Code 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

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1 Total pages Schedule A1: Sch: 8/889 Rpt: 11/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Agrawal, Kamal	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel - International	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Agrawal, Kamal	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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#:_____)	Amount of Contribution ($)
07/11/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code: River Falls, WI 54022	

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 ($)
07/25/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code: River Falls, WI 54022	

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 ($)
08/08/2025	Alanis, Jessica	$40.38
	Contributor address; City; State; Zip Code: River Falls, WI 54022	

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: 9/889 Rpt: 12/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Alanis, Jessica **6** Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
09/05/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
09/18/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
10/03/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
10/17/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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: 10/889 Rpt: 13/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Alanis, Jessica **6** Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
11/14/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
11/28/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
12/12/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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 ($)
12/26/2025	Alanis, Jessica Contributor address; City; State; Zip Code River Falls, WI 54022	$40.38

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: 11/889 Rpt: 14/894

2 FILER NAME: The Travelers Companies, Inc. 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)
07/11/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
07/25/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
08/08/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
08/22/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
09/05/2025	Andersen, Keith Hartford, CT 06183	$25.00	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: 12/889 Rpt: 15/894

2 FILER 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 ($)
09/18/2025	☐ 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 ($)
10/03/2025	☐ 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 ($)
10/17/2025	☐ 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 ($)
11/14/2025	☐ 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 ($)
11/28/2025	☐ 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: 13/889 Rpt: 16/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
12/26/2025	Andersen, Keith Hartford, CT 06183	$25.00	VP General Liability	Travelers Indemnity Co
07/11/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
07/25/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
08/08/2025	Anderson, Bruce Hartford, CT 06183	$25.96	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: 14/889 Rpt: 17/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/22/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
09/05/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
09/18/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
10/03/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
10/17/2025	Anderson, Bruce Hartford, CT 06183	$25.96	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: 15/889 Rpt: 18/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
11/14/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
11/28/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
12/12/2025	Anderson, Bruce Hartford, CT 06183	$25.96	VP Business Development	Travelers Indemnity Co
12/26/2025	Anderson, Bruce Hartford, CT 06183	$25.96	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: 16/889 Rpt: 19/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Arnold, Justin	$46.15
	6 Contributor address; City; State; Zip Code: Kirkwood, MO 63122	
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 ($)
07/25/2025	Arnold, Justin	$46.15
	Contributor address; City; State; Zip Code: Kirkwood, MO 63122	
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 ($)
08/08/2025	Arnold, Justin	$46.15
	Contributor address; City; State; Zip Code: Kirkwood, MO 63122	
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 ($)
08/22/2025	Arnold, Justin	$46.15
	Contributor address; City; State; Zip Code: Kirkwood, MO 63122	
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 ($)
09/05/2025	Arnold, Justin	$46.15
	Contributor address; City; State; Zip Code: Kirkwood, MO 63122	
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: 17/889 Rpt: 20/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Arnold, Justin Kirkwood, MO 63122	$46.15	AVP Government Relations	Travelers Indemnity Co
10/03/2025	Arnold, Justin Kirkwood, MO 63122	$46.15	AVP Government Relations	Travelers Indemnity Co
10/17/2025	Arnold, Justin Kirkwood, MO 63122	$46.15	AVP Government Relations	Travelers Indemnity Co
10/31/2025	Arnold, Justin Kirkwood, MO 63122	$46.15	AVP Government Relations	Travelers Indemnity Co
11/14/2025	Arnold, Justin Kirkwood, MO 63122	$46.15	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: 18/889 Rpt: 21/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Arnold, Justin Kirkwood, MO 63122	$46.15

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Arnold, Justin Kirkwood, MO 63122	$46.15

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Arnold, Justin Kirkwood, MO 63122	$46.15

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Atkinson, Jerald Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer 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: 19/889 Rpt: 22/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Atkinson, Jerald **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Atkinson, Jerald Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Atkinson, Jerald Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Atkinson, Jerald Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Atkinson, Jerald Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer 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: 20/889 Rpt: 23/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Atkinson, Jerald	Hartford, CT 06183	$35.00	AVP UW Officer National Property	Travelers Indemnity Co
11/14/2025	Atkinson, Jerald	Hartford, CT 06183	$35.00	AVP UW Officer National Property	Travelers Indemnity Co
11/28/2025	Atkinson, Jerald	Hartford, CT 06183	$35.00	AVP UW Officer National Property	Travelers Indemnity Co
12/12/2025	Atkinson, Jerald	Hartford, CT 06183	$35.00	AVP UW Officer National Property	Travelers Indemnity Co
12/26/2025	Atkinson, Jerald	Hartford, CT 06183	$35.00	AVP UW Officer 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: 21/889 Rpt: 24/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
07/25/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
08/08/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
08/22/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
09/05/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI 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: 22/889 Rpt: 25/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
10/03/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
10/17/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
11/14/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI Portfolio Mgr	Travelers Indemnity Co
11/28/2025	Auvinen, Andrew St. Paul, MN 55102	$30.00	VP FI 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: 23/889 Rpt: 26/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
VP FI Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Auvinen, Andrew	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP FI Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Fin & Field Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Fin & Field Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Baghdassarian, Holly	$44.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Fin & 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: 24/889 Rpt: 27/894

2 FILER 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)
08/22/2025	☐ out-of-state PAC (ID#:_____) Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & 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: 25/889 Rpt: 28/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
11/14/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
11/28/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
12/12/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & Field Operations	Travelers Indemnity Co
12/26/2025	Baghdassarian, Holly Hartford, CT 06183	$44.23	VP Claim Fin & 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: 26/889 Rpt: 29/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
07/25/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
08/08/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
08/22/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
09/05/2025	Balady, Michele Las Vegas, NV 89149	$78.75	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: 27/889 Rpt: 30/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
10/03/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
10/17/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
10/31/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
11/14/2025	Balady, Michele Las Vegas, NV 89149	$78.75	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: 28/889 Rpt: 31/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
12/12/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
12/26/2025	Balady, Michele Las Vegas, NV 89149	$78.75	VP Gov't Relations	Travelers Indemnity Co
07/11/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
07/25/2025	Banani, Paimon Diamond Bar, CA 91765	$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: 29/889 Rpt: 32/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
08/22/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
09/05/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
09/18/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
10/03/2025	Banani, Paimon Diamond Bar, CA 91765	$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: 30/889 Rpt: 33/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
11/14/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
11/28/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
12/12/2025	Banani, Paimon Diamond Bar, CA 91765	$10.00	RVP Claim	Travelers Indemnity Co
12/26/2025	Banani, Paimon Diamond Bar, CA 91765	$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: 31/889 Rpt: 34/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Bartos, Frank **6** Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
07/25/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
08/08/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
08/22/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
09/05/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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: 32/889 Rpt: 35/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Bartos, Frank **6** Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
10/03/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
10/17/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
11/14/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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 ($)
11/28/2025	Bartos, Frank Contributor address; City; State; Zip Code Tampa, FL 33609	$10.00

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: 33/889 Rpt: 36/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Bartos, Frank Tampa, FL 33609	$10.00	VP Product Manager II-PI	Travelers Indemnity Co
12/26/2025	Bartos, Frank Tampa, FL 33609	$10.00	VP Product Manager II-PI	Travelers Indemnity Co
07/11/2025	Bauman, Julie Hartford, CT 06183	$13.27	Dir Business Architecture	Travelers Indemnity Co
07/25/2025	Bauman, Julie Hartford, CT 06183	$13.27	Dir Business Architecture	Travelers Indemnity Co
08/08/2025	Bauman, Julie Hartford, CT 06183	$13.27	Dir Business Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/889 Rpt: 37/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Bauman, Julie Hartford, CT 06183	$13.61	Dir Business Architecture	Travelers Indemnity Co
09/05/2025	Bauman, Julie Hartford, CT 06183	$13.94	Dir Business Architecture	Travelers Indemnity Co
09/18/2025	Bauman, Julie Hartford, CT 06183	$13.94	Dir Business Architecture	Travelers Indemnity Co
10/03/2025	Bauman, Julie Hartford, CT 06183	$13.94	Dir Business Architecture	Travelers Indemnity Co
10/17/2025	Bauman, Julie Hartford, CT 06183	$13.94	Dir Business Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/889 Rpt: 38/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Bauman, Julie **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$13.94

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Bauman, Julie Contributor address; City; State; Zip Code: Hartford, CT 06183	$13.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Architecture	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Bauman, Julie Contributor address; City; State; Zip Code: Hartford, CT 06183	$13.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Architecture	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Bauman, Julie Contributor address; City; State; Zip Code: Hartford, CT 06183	$13.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Architecture	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Bauman, Julie Contributor address; City; State; Zip Code: Hartford, CT 06183	$13.94

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/889 Rpt: 39/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
07/25/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
08/08/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
08/22/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
09/05/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr 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: 37/889 Rpt: 40/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
10/03/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
10/17/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
11/14/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr Actuarial & Analytics	Travelers Indemnity Co
11/28/2025	Beaudoin, Robert Hartford, CT 06183	$50.00	AVP Sr 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: 38/889 Rpt: 41/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Sr Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Beaudoin, Robert Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Sr Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Beckwith, Howard Charlotte, NC 28226	$71.25

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 ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Beckwith, Howard Charlotte, NC 28226	$71.25

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 ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Beckwith, Howard Charlotte, NC 28226	$71.25

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: 39/889 Rpt: 42/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
09/05/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
09/18/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
10/03/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
10/17/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	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: 40/889 Rpt: 43/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
11/14/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
11/28/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
12/12/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	RVP Const Energy & Marine	Travelers Indemnity Co
12/26/2025	Beckwith, Howard Charlotte, NC 28226	$71.25	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: 41/889 Rpt: 44/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
07/25/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
08/08/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
08/22/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
09/05/2025	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: 42/889 Rpt: 45/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
10/03/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
10/17/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
10/31/2025	Behar, Brett Walnut Creek, CA 94598	$50.77	RVP Claim	Travelers Indemnity Co
11/14/2025	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: 43/889 Rpt: 46/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Behar, Brett	$50.77
	6 Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	
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 ($)
12/12/2025	Behar, Brett	$50.77
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	
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 ($)
12/26/2025	Behar, Brett	$50.77
	Contributor address; City; State; Zip Code: Walnut Creek, CA 94598	
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 ($)
07/11/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Reinsurance	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Reinsurance	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: 44/889 Rpt: 47/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Belden, Scott Hartford, CT 06183	$192.31	SVP Reinsurance	Travelers Indemnity Co
08/22/2025	Belden, Scott Hartford, CT 06183	$192.31	SVP Reinsurance	Travelers Indemnity Co
09/05/2025	Belden, Scott Hartford, CT 06183	$192.31	SVP Reinsurance	Travelers Indemnity Co
09/18/2025	Belden, Scott Hartford, CT 06183	$192.31	SVP Reinsurance	Travelers Indemnity Co
10/03/2025	Belden, Scott Hartford, CT 06183	$192.31	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: 45/889 Rpt: 48/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Belden, Scott	$192.31
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
10/31/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
11/14/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
11/28/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
12/12/2025	Belden, Scott	$192.31
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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: 46/889 Rpt: 49/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Belden, Scott	$155.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
07/11/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/889 Rpt: 50/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Bell, Samuel **6** Contributor address; City; State; Zip Code Centennial, CO 80112	$23.46

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Bell, Samuel Contributor address; City; State; Zip Code Centennial, CO 80112	$23.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Bell, Samuel Contributor address; City; State; Zip Code Centennial, CO 80112	$23.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bell, Samuel Contributor address; City; State; Zip Code Centennial, CO 80112	$23.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Bell, Samuel Contributor address; City; State; Zip Code Centennial, CO 80112	$23.46

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/889 Rpt: 51/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Bell, Samuel	$23.46
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Bell, Samuel	$23.46
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Brazil Strategic Officer & Counsel	TCI Global Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/889 Rpt: 52/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Bellino, Ernesto	$69.95
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	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: 50/889 Rpt: 53/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Bellino, Ernesto	$69.95
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Brazil Strategic Officer & Counsel	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: 51/889 Rpt: 54/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Bellino, Ernesto	$69.95
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Brazil Strategic Officer & Counsel	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Bellino, Ernesto	$69.95
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Brazil Strategic Officer & Counsel	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Bencini, Michael	$42.31
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

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 ($)
07/25/2025	Bencini, Michael	$42.31
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

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 ($)
08/08/2025	Bencini, Michael	$42.31
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	

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: 52/889 Rpt: 55/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Bencini, Michael Buffalo, NY 14202	$42.31	RVP Claim	Travelers Indemnity Co
09/05/2025	Bencini, Michael Buffalo, NY 14202	$42.31	RVP Claim	Travelers Indemnity Co
09/18/2025	Bencini, Michael Buffalo, NY 14202	$42.31	RVP Claim	Travelers Indemnity Co
10/03/2025	Bencini, Michael Buffalo, NY 14202	$42.31	RVP Claim	Travelers Indemnity Co
10/17/2025	Bencini, Michael Buffalo, NY 14202	$42.31	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: 53/889 Rpt: 56/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Bencini, Michael **6** Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Bencini, Michael Contributor address; City; State; Zip Code Buffalo, NY 14202	$42.31
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: 54/889 Rpt: 57/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Benfield, David Blue Bell, PA 19422	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
07/25/2025	Benfield, David Blue Bell, PA 19422	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
08/08/2025	Benfield, David Blue Bell, PA 19422	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
08/22/2025	Benfield, David Blue Bell, PA 19422	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
09/05/2025	Benfield, David Blue Bell, PA 19422	$10.00	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: 55/889 Rpt: 58/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Benfield, David	$10.00
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
10/03/2025	Benfield, David	$10.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
10/17/2025	Benfield, David	$10.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
11/14/2025	Benfield, David	$10.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
11/28/2025	Benfield, David	$10.00
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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: 56/889 Rpt: 59/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Benfield, David Blue Bell, PA 19422	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Benfield, David Blue Bell, PA 19422	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Berard, Michael Hartford, CT 06183	$24.81

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Berard, Michael Hartford, CT 06183	$25.48

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Berard, Michael Hartford, CT 06183	$25.48

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: 57/889 Rpt: 60/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Berard, Michael **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.48

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 ($)
09/05/2025	Berard, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.48

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 ($)
09/18/2025	Berard, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.48

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 ($)
10/03/2025	Berard, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.48

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 ($)
10/17/2025	Berard, Michael Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.48

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: 58/889 Rpt: 61/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Berard, Michael	$25.48
	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 ($)
11/14/2025	Berard, Michael	$25.48
	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 ($)
11/28/2025	Berard, Michael	$25.48
	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 ($)
12/12/2025	Berard, Michael	$25.48
	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 ($)
12/26/2025	Berard, Michael	$25.48
	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: 59/889 Rpt: 62/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Berg, Courtney	$49.52
	6 Contributor address; City; State; Zip Code: Louisville, KY 40241	
8 Principal occupation / Job title (See Instructions): VP Value Stream Lead - Tech	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	
Principal occupation / Job title (See Instructions): VP Value Stream Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	
Principal occupation / Job title (See Instructions): VP Value Stream Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	
Principal occupation / Job title (See Instructions): VP Value Stream Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	
Principal occupation / Job title (See Instructions): VP Value Stream Lead - Tech	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: 60/889 Rpt: 63/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Berg, Courtney **6** Contributor address; City; State; Zip Code Louisville, KY 40241	$49.52

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 ($)
10/03/2025	Berg, Courtney Contributor address; City; State; Zip Code Louisville, KY 40241	$49.52

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 ($)
10/17/2025	Berg, Courtney Contributor address; City; State; Zip Code Louisville, KY 40241	$49.52

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 ($)
10/31/2025	Berg, Courtney Contributor address; City; State; Zip Code Louisville, KY 40241	$49.52

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 ($)
11/14/2025	Berg, Courtney Contributor address; City; State; Zip Code Louisville, KY 40241	$49.52

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: 61/889 Rpt: 64/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Berg, Courtney	$49.52
	6 Contributor address; City; State; Zip Code: Louisville, KY 40241	

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 ($)
12/12/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	

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 ($)
12/26/2025	Berg, Courtney	$49.52
	Contributor address; City; State; Zip Code: Louisville, KY 40241	

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 ($)
07/11/2025	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 ($)
07/25/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 62/889 Rpt: 65/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	Bessette, Andy	$232.71
	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 ($)
07/11/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 63/889 Rpt: 66/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Blanchette, Joshua	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	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: 64/889 Rpt: 67/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Blanchette, Joshua	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Blanchette, Joshua	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Private Non-Profit	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: 65/889 Rpt: 68/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Blanchette, Joshua	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Director Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Danville, PA 17821	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director RC	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Danville, PA 17821	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director RC	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Danville, PA 17821	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director RC	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Blosky, Lawrence	$15.38
	Contributor address; City; State; Zip Code: Danville, PA 17821	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
B&M Regional Director RC	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 66/889 Rpt: 69/894

2 FILER NAME: The Travelers Companies, Inc. 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)
09/05/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
09/18/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
10/03/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
10/17/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
10/31/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 67/889 Rpt: 70/894

2 FILER NAME: The Travelers Companies, Inc. 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)
11/14/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
11/28/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
12/12/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
12/26/2025	Blosky, Lawrence Danville, PA 17821	$15.38	B&M Regional Director RC	Travelers Indemnity Co
07/11/2025	Bobeng, Gregory Alpharetta, GA 30005	$25.00	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: 68/889 Rpt: 71/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Bobeng, Gregory	$25.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	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: 69/889 Rpt: 72/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Bobeng, Gregory	$25.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Bobeng, Gregory	$25.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Const Energy & Marine	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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: 70/889 Rpt: 73/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Bobeng, Gregory	$25.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Bohn, Amanda	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Bohn, Amanda	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Bohn, Amanda	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Bohn, Amanda	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 71/889 Rpt: 74/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	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)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Bohn, Amanda Contributor address; City; State; Zip Code St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 72/889 Rpt: 75/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	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)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Bohn, Amanda Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Bohn, Amanda Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Bolduc, Erin Contributor address; City; State; Zip Code: Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Bolduc, Erin Contributor address; City; State; Zip Code: Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 73/889 Rpt: 76/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Bolduc, Erin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 74/889 Rpt: 77/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Bolduc, Erin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Bolduc, Erin Contributor address; City; State; Zip Code Hartford, CT 06183	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP HR Ops & Technology	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 75/889 Rpt: 78/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Boller, Lindsay Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
07/25/2025	Boller, Lindsay Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
08/08/2025	Boller, Lindsay Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
08/22/2025	Boller, Lindsay Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
09/05/2025	Boller, Lindsay Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 76/889 Rpt: 79/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Boller, Lindsay	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
10/03/2025	Boller, Lindsay	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
10/17/2025	Boller, Lindsay	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
11/14/2025	Boller, Lindsay	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
11/28/2025	Boller, Lindsay	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 77/889 Rpt: 80/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Boller, Lindsay Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Director Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Boller, Lindsay Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Bonadies, Bryan Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Bonadies, Bryan Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Bonadies, Bryan Hartford, CT 06183	$28.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Value Stream Lead & Intl CIO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 78/889 Rpt: 81/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	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 & Intl CIO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 79/889 Rpt: 82/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Bonadies, Bryan **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$28.85

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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 & Intl CIO	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	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 & Intl CIO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 80/889 Rpt: 83/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Bourget, Kathleen	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): SVP FI Research	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI 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: 81/889 Rpt: 84/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Bourget, Kathleen	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): SVP FI Research	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI 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: 82/889 Rpt: 85/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Bourget, Kathleen	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): SVP FI Research	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Bourget, Kathleen	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP FI Research	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI 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: 83/889 Rpt: 86/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Bowers, Jarrett Orlando, FL 32814	$10.00	AE Dir BSI Financial Institutions	Travelers Indemnity Co
09/05/2025	Bowers, Jarrett Orlando, FL 32814	$10.00	AE Dir BSI Financial Institutions	Travelers Indemnity Co
09/18/2025	Bowers, Jarrett Orlando, FL 32814	$10.00	AE Dir BSI Financial Institutions	Travelers Indemnity Co
10/03/2025	Bowers, Jarrett Orlando, FL 32814	$10.00	AE Dir BSI Financial Institutions	Travelers Indemnity Co
10/17/2025	Bowers, Jarrett Orlando, FL 32814	$10.00	AE Dir BSI 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: 84/889 Rpt: 87/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Bowers, Jarrett	$10.00
	6 Contributor address; City; State; Zip Code: Orlando, FL 32814	
8 Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Bowers, Jarrett	$10.00
	Contributor address; City; State; Zip Code: Orlando, FL 32814	
Principal occupation / Job title (See Instructions): AE Dir BSI Financial Institutions	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Bowman, Jerrod	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Data Engineering	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: 85/889 Rpt: 88/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Bowman, Jerrod Hartford, CT 06183	$79.33

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Bowman, Jerrod Hartford, CT 06183	$79.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Engineering	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Boyd, Christopher Alpharetta, GA 30005	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Boyd, Christopher Alpharetta, GA 30005	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Boyd, Christopher Alpharetta, GA 30005	$10.00

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 86/889 Rpt: 89/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
09/05/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
09/18/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
10/03/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
10/17/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 87/889 Rpt: 90/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
11/28/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
12/12/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
12/26/2025	Boyd, Christopher Alpharetta, GA 30005	$10.00	AVP Claim Management	Travelers Indemnity Co
07/25/2025	Boyd, Kristy Hartford, CT 06183	$18.27	AE Dir 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: 88/889 Rpt: 91/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Boyd, Kristy	$18.27
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AE Dir Natl Property	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AE Dir Natl Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AE Dir Natl Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AE Dir Natl Property	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AE Dir Natl 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: 89/889 Rpt: 92/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Boyd, Kristy	$18.27
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Boyd, Kristy	$18.27
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir 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: 90/889 Rpt: 93/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Boyd, Kristy Hartford, CT 06183	$18.27	AE Dir Natl Property	Travelers Indemnity Co
07/11/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
07/25/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
08/08/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
08/22/2025	Briamonte, Francis New York City, NY 10017	$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: 91/889 Rpt: 94/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
09/18/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
10/03/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
10/17/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
11/14/2025	Briamonte, Francis New York City, NY 10017	$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: 92/889 Rpt: 95/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
12/12/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
12/26/2025	Briamonte, Francis New York City, NY 10017	$50.00	VP Enterprise Employee Communications	Travelers Indemnity Co
07/11/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
07/25/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 93/889 Rpt: 96/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
08/22/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
09/05/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
09/18/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co
10/03/2025	Brigham, Lynn St. Paul, MN 55102	$30.00	Reg'l UW Officer Bond & SI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 94/889 Rpt: 97/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Brigham, Lynn **6** Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

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 ($)
11/14/2025	Brigham, Lynn Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

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 ($)
11/28/2025	Brigham, Lynn Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

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 ($)
12/12/2025	Brigham, Lynn Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

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 ($)
12/26/2025	Brigham, Lynn Contributor address; City; State; Zip Code: St. Paul, MN 55102	$30.00

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: 95/889 Rpt: 98/894

2 FILER NAME: The Travelers Companies, Inc. 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)
07/11/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
08/08/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	Broich, Eric St. Paul, MN 55102	$25.00	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: 96/889 Rpt: 99/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 97/889 Rpt: 100/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
12/26/2025	Broich, Eric St. Paul, MN 55102	$25.00	RVP Bond & SI	Travelers Indemnity Co
07/11/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
07/25/2025	Bruder, Eric Hartford, CT 06183	$66.35	SVP & CFO Bond & SI	Travelers Indemnity Co
08/08/2025	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: 98/889 Rpt: 101/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 99/889 Rpt: 102/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Bruder, Eric **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$66.35

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 ($)
11/14/2025	Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	$66.35

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 ($)
11/28/2025	Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	$66.35

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 ($)
12/12/2025	Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	$66.35

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 ($)
12/26/2025	Bruder, Eric Contributor address; City; State; Zip Code Hartford, CT 06183	$66.35

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: 100/889 Rpt: 103/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Buoen, Erik **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00
8 Principal occupation / Job title (See Instructions): AVP Property and Casualty	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Buoen, Erik Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00
Principal occupation / Job title (See Instructions): AVP Property and Casualty	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Buoen, Erik Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00
Principal occupation / Job title (See Instructions): AVP Property and Casualty	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Buoen, Erik Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00
Principal occupation / Job title (See Instructions): AVP Property and Casualty	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Buoen, Erik Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00
Principal occupation / Job title (See Instructions): AVP Property and Casualty	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: 101/889 Rpt: 104/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
10/03/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
10/17/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
11/14/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
11/28/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP 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: 102/889 Rpt: 105/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
12/26/2025	Buoen, Erik St. Paul, MN 55102	$10.00	AVP Property and Casualty	Travelers Indemnity Co
10/03/2025	Burris, Cynthia Alpharetta, GA 30005	$26.92	Regional President Ent Distribution Mg	Travelers Indemnity Co
10/17/2025	Burris, Cynthia Alpharetta, GA 30005	$26.92	Regional President Ent Distribution Mg	Travelers Indemnity Co
10/31/2025	Burris, Cynthia Alpharetta, GA 30005	$26.92	Regional President Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 103/889 Rpt: 106/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Burris, Cynthia	$26.92
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): Regional President Ent Distribution Mg	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Burris, Cynthia	$26.92
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Regional President Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Burris, Cynthia	$26.92
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Regional President Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Burris, Cynthia	$26.92
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): Regional President Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 104/889 Rpt: 107/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Byam, Michael	$95.19
	6 Contributor address; City; State; Zip Code: Tolland, CT 06084	

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 ($)
08/08/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	

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 ($)
08/22/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	

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 ($)
09/05/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	

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 ($)
09/18/2025	Byam, Michael	$95.19
	Contributor address; City; State; Zip Code: Tolland, CT 06084	

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: 105/889 Rpt: 108/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Calvo-Blake, Lena	$14.70
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Director Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Director Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Director Communications	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Director Communications	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 106/889 Rpt: 109/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Calvo-Blake, Lena	$15.63
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Director Communications	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Director Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Director Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Director Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Calvo-Blake, Lena	$15.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Director 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: 107/889 Rpt: 110/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Calvo-Blake, Lena Hartford, CT 06183	$15.63	Sr Director Communications	Travelers Indemnity Co
12/26/2025	Calvo-Blake, Lena Hartford, CT 06183	$15.63	Sr Director Communications	Travelers Indemnity Co
07/11/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
07/25/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
08/08/2025	Cameron, Lisa Hartford, CT 06183	$24.38	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: 108/889 Rpt: 111/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
09/05/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
09/18/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
10/03/2025	Cameron, Lisa Hartford, CT 06183	$24.38	VPEnterprise Billing &Rec Mgt	Travelers Indemnity Co
10/17/2025	Cameron, Lisa Hartford, CT 06183	$24.38	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: 109/889 Rpt: 112/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	Cameron, Lisa	$12.19
	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: 110/889 Rpt: 113/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	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)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 111/889 Rpt: 114/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	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)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 112/889 Rpt: 115/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Campbell, Laura	$40.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
07/25/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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: 113/889 Rpt: 116/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Canceran Guinter, Annette	$73.70
	6 Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
08/22/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
09/05/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
09/18/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
10/03/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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: 114/889 Rpt: 117/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Canceran Guinter, Annette	$73.70
	6 Contributor address; City; State; Zip Code: Severna Park, MD 21146	
8 Principal occupation / Job title (See Instructions): RVP PL	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	
Principal occupation / Job title (See Instructions): RVP PL	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Canceran Guinter, Annette	$73.70
	Contributor address; City; State; Zip Code: Severna Park, MD 21146	
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: 115/889 Rpt: 118/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Canceran Guinter, Annette	$73.70
	6 Contributor address; City; State; Zip Code: Severna Park, MD 21146	

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 ($)
11/19/2025	Caputo, Lisa	$2,500.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP&Chief MktgComms & CX Ofcr	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Carney, Kevin	$10.00
	Contributor address; City; State; Zip Code: Osprey, FL 34229	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Carney, Kevin	$10.00
	Contributor address; City; State; Zip Code: Osprey, FL 34229	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Carney, Kevin	$10.00
	Contributor address; City; State; Zip Code: Osprey, FL 34229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assistant 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: 116/889 Rpt: 119/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/22/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
09/05/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
09/18/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
10/03/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
10/17/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant 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: 117/889 Rpt: 120/894

2 FILER NAME: The Travelers Companies, Inc. 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)
11/14/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
11/28/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
12/12/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
12/26/2025	Carney, Kevin Osprey, FL 34229	$10.00	Assistant RVP PL	Travelers Indemnity Co
07/11/2025	Carns, David Middle Haddam, CT 06456	$24.23	VP Learning	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 118/889 Rpt: 121/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 119/889 Rpt: 122/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	
8 Principal occupation / Job title (See Instructions): VP Learning	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	
Principal occupation / Job title (See Instructions): VP Learning	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	
Principal occupation / Job title (See Instructions): VP Learning	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	
Principal occupation / Job title (See Instructions): VP Learning	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	
Principal occupation / Job title (See Instructions): VP Learning	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: 120/889 Rpt: 123/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Carns, David	$24.23
	6 Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Carns, David	$24.23
	Contributor address; City; State; Zip Code: Middle Haddam, CT 06456	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Carr, Brian	$10.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Carr, Brian	$10.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Carr, Brian	$10.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 121/889 Rpt: 124/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
09/05/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
09/18/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
10/03/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
10/17/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 122/889 Rpt: 125/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
11/28/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
12/12/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
12/26/2025	Carr, Brian St. Louis, MO 63146	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
07/11/2025	Carr, Daniel Hartford, CT 06183	$62.88	AVP 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: 123/889 Rpt: 126/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Carr, Daniel **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Carr, Daniel Contributor address; City; State; Zip Code: Hartford, CT 06183	$62.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 124/889 Rpt: 127/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Carr, Daniel	$62.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP 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: 125/889 Rpt: 128/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Carr, Daniel	$62.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Carr, Daniel	$62.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): AE Dir Natl Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): AE Dir Natl Property	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): AE Dir Natl 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: 126/889 Rpt: 129/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Carter, Debra	$17.21
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir 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: 127/889 Rpt: 130/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Carter, Debra	$17.21
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Natl Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Carter, Debra	$17.21
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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	Contributor address; City; State; Zip Code: Houston, TX 77041	

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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 ($)
07/11/2025	Carty, Richard	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Distribution Solutions EDM	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Distribution Solutions EDM	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Distribution Solutions EDM	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
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	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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8 Principal occupation / Job title (See Instructions): SVP Distribution Solutions EDM	**9** Employer (See Instructions): TCI Global Services Inc	

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12/12/2025	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)
SVP Distribution Solutions EDM	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Carty, Richard	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Distribution Solutions EDM	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 Management Outside Prop	Travelers Indemnity Co

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07/25/2025	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 Management Outside Prop	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Carvalho, Manuel	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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08/22/2025	Carvalho, Manuel **6** Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Cauley, Bryan	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

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	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	

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	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

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10/31/2025	Cauley, Bryan	$48.85
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Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

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	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
11/28/2025	Cauley, Bryan	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

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12/12/2025	Cauley, Bryan	$48.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
12/26/2025	Cauley, Bryan	$48.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
07/11/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Charles, Alicia	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	

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08/22/2025	Charles, Alicia **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00
8 Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	**9** Employer (See Instructions): Travelers Indemnity Co	
Date: 09/05/2025	Full name of contributor / out-of-state PAC (ID#:) Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $50.00
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	
Date: 09/18/2025	Full name of contributor / out-of-state PAC (ID#:) Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $50.00
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	
Date: 10/03/2025	Full name of contributor / out-of-state PAC (ID#:) Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $50.00
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	
Date: 10/17/2025	Full name of contributor / out-of-state PAC (ID#:) Charles, Alicia Contributor address; City; State; Zip Code: Hartford, CT 06183	Amount of Contribution ($): $50.00
Principal occupation / Job title (See Instructions): VP Sales Call Center Ops	Employer (See Instructions): Travelers Indemnity Co	

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11/28/2025	Charles, Alicia	$50.00
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	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Sales Call Center Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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

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07/25/2025	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 ($)
08/08/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

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RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co

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08/22/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Checkosky, Robert	$47.12
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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	Contributor address; City; State; Zip Code: Hartford, CT 06120	

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	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 ($)
07/11/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Cherryhomes, Mary	$21.15
	Contributor address; City; State; Zip Code: Houston, TX 77041	
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: 141/889 Rpt: 144/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Cherryhomes, Mary	$21.15
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	

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 ($)
09/05/2025	Cherryhomes, Mary	$22.12
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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 ($)
09/18/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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 ($)
10/03/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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 ($)
10/17/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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: 142/889 Rpt: 145/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Cherryhomes, Mary	$23.08
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	
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 ($)
11/14/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	
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 ($)
11/28/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	
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 ($)
12/12/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	
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 ($)
12/26/2025	Cherryhomes, Mary	$23.08
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 143/889 Rpt: 146/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Chin, Everton	$16.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	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 ($)
09/18/2025	Chin, Everton	$16.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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: 145/889 Rpt: 148/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Chin, Everton	$16.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Chin, Everton	$16.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 146/889 Rpt: 149/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Churchill, Robin	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Churchill, Robin	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 147/889 Rpt: 150/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Churchill, Robin **6** Contributor address; City; State; Zip Code: St. Paul, MN 55102	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Churchill, Robin Contributor address; City; State; Zip Code: St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Churchill, Robin Contributor address; City; State; Zip Code: St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Churchill, Robin Contributor address; City; State; Zip Code: St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Churchill, Robin Contributor address; City; State; Zip Code: St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir Northland	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 148/889 Rpt: 151/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Collins, 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 Enterprise Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 149/889 Rpt: 152/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Collins, 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 Enterprise Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 150/889 Rpt: 153/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Collins, Peter	$80.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Enterprise Operations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Collins, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	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: 151/889 Rpt: 154/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Coltea, Claudiu	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Coltea, Claudiu	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Enterprise Cust Exprnce	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	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: 152/889 Rpt: 155/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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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3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Coltea, Claudiu	$38.46
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 154/889 Rpt: 157/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Corrigan, Timothy	$50.00
	6 Contributor address; City; State; Zip Code: Windsor, CT 06095	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Corrigan, Timothy	$50.00
	Contributor address; City; State; Zip Code: Windsor, CT 06095	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 155/889 Rpt: 158/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Corrigan, Timothy Windsor, CT 06095	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Corrigan, Timothy Windsor, CT 06095	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Corrigan, Timothy Windsor, CT 06095	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Risk Control Lab	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Costa, James Lees Summit, MO 64081	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Select	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Costa, James Lees Summit, MO 64081	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 156/889 Rpt: 159/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Costa, James	$25.00
	6 Contributor address; City; State; Zip Code: Lees Summit, MO 64081	
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 ($)
08/22/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	
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 ($)
09/05/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	
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 ($)
09/18/2025	Costa, James	$25.00
	Contributor address; City; State; Zip Code: Lees Summit, MO 64081	
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 ($)
07/11/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP CIO & Ops BSI	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: 157/889 Rpt: 160/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 158/889 Rpt: 161/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 159/889 Rpt: 162/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Cournoyer, Tracey	$34.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP CIO & Ops BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
07/25/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
08/08/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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: 160/889 Rpt: 163/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Coyne, John	$73.56
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
09/18/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
10/03/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
10/17/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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: 161/889 Rpt: 164/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Coyne, John	$73.56
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
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 ($)
11/14/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
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 ($)
11/28/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
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 ($)
12/12/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
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 ($)
12/26/2025	Coyne, John	$73.56
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Strategic UW Officer Bond & SI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 162/889 Rpt: 165/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
07/25/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
08/08/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
08/22/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
09/05/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 163/889 Rpt: 166/894

2 FILER 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 ($)
09/18/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Natl Market & Specialty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Natl Market & Specialty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Natl Market & Specialty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/31/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Natl Market & Specialty	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/14/2025	☐ out-of-state PAC (ID#:_____) Crichton, Peter Hartford, CT 06183	$41.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Natl Market & Specialty	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 164/889 Rpt: 167/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
12/12/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
12/26/2025	Crichton, Peter Hartford, CT 06183	$41.73	VP Natl Market & Specialty	Travelers Indemnity Co
07/11/2025	Croce, William Hartford, CT 06183	$20.00	CUO Natl Prop&Chf Prop Offr MM	Travelers Indemnity Co
07/25/2025	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: 165/889 Rpt: 168/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 166/889 Rpt: 169/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 167/889 Rpt: 170/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Cruz, Alexia	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
07/25/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
08/08/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
08/22/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
09/05/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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: 168/889 Rpt: 171/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Cruz, Alexia	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
10/03/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
10/17/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
10/31/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
11/14/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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: 169/889 Rpt: 172/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Cruz, Alexia	$109.62
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
12/12/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
12/26/2025	Cruz, Alexia	$109.62
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
11/28/2025	Daddona, Amy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategy Planning and Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Daddona, Amy	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategy Planning and Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 170/889 Rpt: 173/894

2 FILER 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 ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Daddona, Amy Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Strategy Planning and Ops	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Dalton, Genus Centennial, CO 80112	$30.29

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 ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Dalton, Genus Centennial, CO 80112	$30.29

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 ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Dalton, Genus Centennial, CO 80112	$30.29

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 ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Dalton, Genus Centennial, CO 80112	$30.29

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: 171/889 Rpt: 174/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Dalton, Genus	$30.29
	6 Contributor address; City; State; Zip Code: Centennial, CO 80112	

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 ($)
09/18/2025	Dalton, Genus	$30.29
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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 ($)
10/03/2025	Dalton, Genus	$30.29
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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 ($)
10/17/2025	Dalton, Genus	$30.29
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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 ($)
10/31/2025	Dalton, Genus	$30.29
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

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: 172/889 Rpt: 175/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
11/28/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
12/12/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
12/26/2025	Dalton, Genus Centennial, CO 80112	$30.29	BI Field Vice President	Travelers Indemnity Co
07/11/2025	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: 173/889 Rpt: 176/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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: 174/889 Rpt: 177/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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: 175/889 Rpt: 178/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
12/26/2025	Dauria, Kathleen Hartford, CT 06183	$48.85	VP Comm and Cust. Exp	Travelers Indemnity Co
07/11/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
07/25/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
08/08/2025	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: 176/889 Rpt: 179/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	

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 ($)
09/18/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	

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 ($)
10/03/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	

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 ($)
10/17/2025	DeWitte, Jonathan	$82.21
	Contributor address; City; State; Zip Code: Washington, DC 20005	

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: 177/889 Rpt: 180/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
11/14/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
11/28/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
12/12/2025	DeWitte, Jonathan Washington, DC 20005	$82.21	VP Gov't Relations	Travelers Indemnity Co
12/26/2025	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: 178/889 Rpt: 181/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
08/08/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	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: 179/889 Rpt: 182/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
10/17/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
10/31/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	RVP Bond & SI	Travelers Indemnity Co
11/14/2025	Destra, Anthony Blue Bell, PA 19422	$24.52	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: 180/889 Rpt: 183/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Destra, Anthony	$24.52
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
12/12/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
12/26/2025	Destra, Anthony	$24.52
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
07/11/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 181/889 Rpt: 184/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	DiMatteo, Maureen Hartford, CT 06183	$10.00	Regional UW Officer Commercial Surety	Travelers Indemnity Co
08/22/2025	DiMatteo, Maureen Hartford, CT 06183	$10.00	Regional UW Officer Commercial Surety	Travelers Indemnity Co
09/05/2025	DiMatteo, Maureen Hartford, CT 06183	$10.00	Regional UW Officer Commercial Surety	Travelers Indemnity Co
09/18/2025	DiMatteo, Maureen Hartford, CT 06183	$10.00	Regional UW Officer Commercial Surety	Travelers Indemnity Co
10/03/2025	DiMatteo, Maureen Hartford, CT 06183	$10.00	Regional UW Officer Commercial Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 182/889 Rpt: 185/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	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)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	DiMatteo, Maureen	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Commercial Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 183/889 Rpt: 186/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Drucker, Timothy	$26.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Drucker, Timothy	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Drucker, Timothy	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Drucker, Timothy	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Drucker, Timothy	$26.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 184/889 Rpt: 187/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92	CUO & Practice Ldr Ocean	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92	CUO & Practice Ldr Ocean	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92	CUO & Practice Ldr Ocean	Travelers Indemnity Co
10/31/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92	CUO & Practice Ldr Ocean	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92	CUO & Practice Ldr Ocean	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 185/889 Rpt: 188/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Drucker, Timothy Hartford, CT 06183	$26.92

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO & Practice Ldr Ocean	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Dube, Lori Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Dube, Lori Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 186/889 Rpt: 189/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Dube, Lori **6** Contributor address; City; State; Zip Code Center Barnstead, NH 03225	$45.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Dube, Lori Contributor address; City; State; Zip Code Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Dube, Lori Contributor address; City; State; Zip Code Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Dube, Lori Contributor address; City; State; Zip Code Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Dube, Lori Contributor address; City; State; Zip Code Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 187/889 Rpt: 190/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Dube, Lori **6** Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	$45.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Dube, Lori Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Dube, Lori Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Dube, Lori Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Dube, Lori Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 188/889 Rpt: 191/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Dube, Lori	$45.19
	6 Contributor address; City; State; Zip Code: Center Barnstead, NH 03225	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Duncan, Marsh	$50.00
	Contributor address; City; State; Zip Code: Canton, GA 30115	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President Northfield E&S Lines	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Duncan, Marsh	$50.00
	Contributor address; City; State; Zip Code: Canton, GA 30115	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President Northfield E&S Lines	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Duncan, Marsh	$50.00
	Contributor address; City; State; Zip Code: Canton, GA 30115	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President Northfield E&S Lines	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Duncan, Marsh	$50.00
	Contributor address; City; State; Zip Code: Canton, GA 30115	

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: 189/889 Rpt: 192/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
09/18/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
10/03/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
10/17/2025	Duncan, Marsh Canton, GA 30115	$50.00	President Northfield E&S Lines	Travelers Indemnity Co
11/14/2025	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: 190/889 Rpt: 193/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Duncan, Marsh Canton, GA 30115	$50.00

8 Principal occupation / Job title (See Instructions)	**9** 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 ($)
12/12/2025	☐ 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 ($)
12/26/2025	☐ 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 ($)
07/11/2025	☐ 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 ($)
07/25/2025	☐ 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 191/889 Rpt: 194/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Dunham, Leslie	$14.57
	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 ($)
08/22/2025	Dunham, Leslie	$14.57
	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 ($)
09/05/2025	Dunham, Leslie	$14.57
	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 ($)
09/18/2025	Dunham, Leslie	$14.57
	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 ($)
10/03/2025	Dunham, Leslie	$14.57
	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

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1 Total pages Schedule A1: Sch: 192/889 Rpt: 195/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Dunham, Leslie	$14.57
	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 ($)
10/31/2025	Dunham, Leslie	$14.57
	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 ($)
11/14/2025	Dunham, Leslie	$14.57
	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 ($)
11/28/2025	Dunham, Leslie	$14.57
	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 ($)
12/12/2025	Dunham, Leslie	$14.57
	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: 193/889 Rpt: 196/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/26/2025	Dunham, Leslie Tampa, FL 33609	$14.57	Managing Dir Claim Prod Mgmt	Travelers Indemnity Co
07/11/2025	Earnest, Caleb Hartford, CT 06183	$100.96	Chief UW & VP Nat'l Products	Travelers Indemnity Co
07/25/2025	Earnest, Caleb Hartford, CT 06183	$100.96	Chief UW & VP Nat'l Products	Travelers Indemnity Co
08/08/2025	Earnest, Caleb Hartford, CT 06183	$100.96	Chief UW & VP Nat'l Products	Travelers Indemnity Co
08/22/2025	Earnest, Caleb Hartford, CT 06183	$100.96	Chief UW & VP Nat'l Products	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 194/889 Rpt: 197/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Earnest, Caleb	$100.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	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: 195/889 Rpt: 198/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Earnest, Caleb	$100.96
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Earnest, Caleb	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Chief UW & VP Nat'l Products	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Ebersole, Jodi	$29.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group General Counsel	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 196/889 Rpt: 199/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
08/08/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
08/22/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
09/05/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
09/18/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	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: 197/889 Rpt: 200/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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: 198/889 Rpt: 201/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
12/26/2025	Ebersole, Jodi Hartford, CT 06183	$29.33	Group General Counsel	Travelers Indemnity Co
07/11/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
07/25/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
08/08/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 199/889 Rpt: 202/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
09/05/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
09/18/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
10/03/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co
10/17/2025	Eckert, Karen Hartford, CT 06183	$25.00	SVP Agent Distribution	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 200/889 Rpt: 203/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Eckert, Karen	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Agent Distribution	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Agent Distribution	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Agent Distribution	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Eckert, Karen	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Agent Distribution	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Farley, Kathryn	$134.62
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio 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: 201/889 Rpt: 204/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
08/08/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
08/22/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
09/05/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
09/18/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	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: 202/889 Rpt: 205/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
10/17/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
10/31/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
11/14/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
11/28/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	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: 203/889 Rpt: 206/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
12/26/2025	Farley, Kathryn St. Paul, MN 55102	$134.62	SVP Portfolio Mgmt	Travelers Indemnity Co
07/11/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
07/25/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
08/08/2025	Farquharson, David Boston, MA 02111	$50.00	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: 204/889 Rpt: 207/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
09/05/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
09/18/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
10/03/2025	Farquharson, David Boston, MA 02111	$50.00	VP Distribution - Field Mgmt	Travelers Indemnity Co
07/11/2025	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: 205/889 Rpt: 208/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
08/08/2025	Ferren, William Blue Bell, PA 19422	$35.86	Managing Counsel Claim	Travelers Indemnity Co
08/22/2025	Ferren, William Blue Bell, PA 19422	$38.42	Managing Counsel Claim	Travelers Indemnity Co
09/05/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
09/18/2025	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: 206/889 Rpt: 209/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
10/17/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
10/31/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
11/14/2025	Ferren, William Blue Bell, PA 19422	$42.69	Managing Counsel Claim	Travelers Indemnity Co
11/28/2025	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: 207/889 Rpt: 210/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Ferren, William	$42.69
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
12/26/2025	Ferren, William	$42.69
	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 ($)
07/11/2025	Filippetti, Gregory	$77.88
	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 ($)
07/25/2025	Filippetti, Gregory	$77.88
	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 ($)
08/08/2025	Filippetti, Gregory	$77.88
	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: 208/889 Rpt: 211/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Filippetti, Gregory	$77.88
	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 ($)
09/05/2025	Filippetti, Gregory	$77.88
	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 ($)
09/18/2025	Filippetti, Gregory	$77.88
	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 ($)
10/03/2025	Filippetti, Gregory	$77.88
	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 ($)
10/17/2025	Filippetti, Gregory	$77.88
	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: 209/889 Rpt: 212/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Filippetti, Gregory	$77.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Audit - Op/Fin	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Filippetti, Gregory	$77.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Audit - Op/Fin	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 210/889 Rpt: 213/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Fischer, Kimberly	$15.19
	6 Contributor address; City; State; Zip Code: Buffalo, NY 14202	
8 Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Fischer, Kimberly	$15.19
	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 211/889 Rpt: 214/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Fischer, Kimberly	$15.19
	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 ($)
10/03/2025	Fischer, Kimberly	$15.19
	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 ($)
10/17/2025	Fischer, Kimberly	$15.19
	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 ($)
10/31/2025	Fischer, Kimberly	$15.19
	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 ($)
11/14/2025	Fischer, Kimberly	$15.19
	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 212/889 Rpt: 215/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Fischer, Kimberly	$15.19
	6 Contributor address; City; State; Zip Code: Buffalo, NY 14202	
8 Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Fischer, Kimberly	$15.19
	Contributor address; City; State; Zip Code: Buffalo, NY 14202	
Principal occupation / Job title (See Instructions): Managing Dir Claim Prod Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	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: 213/889 Rpt: 216/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Fitzgerald, Christine	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regional Executive Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Executive Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Executive Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Executive Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Executive Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 214/889 Rpt: 217/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Fitzgerald, Christine	$25.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	
8 Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Fitzgerald, Christine	$25.00
	Contributor address; City; State; Zip Code: Hartford, CT 06120	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Flanagan, Barbara	$83.65
	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: 215/889 Rpt: 218/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Flanagan, Barbara	$83.65
	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 ($)
08/08/2025	Flanagan, Barbara	$83.65
	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 ($)
08/22/2025	Flanagan, Barbara	$83.65
	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 ($)
09/05/2025	Flanagan, Barbara	$83.65
	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 ($)
09/18/2025	Flanagan, Barbara	$83.65
	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: 216/889 Rpt: 219/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Flanagan, Barbara	$83.65
	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 ($)
10/17/2025	Flanagan, Barbara	$83.65
	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 ($)
10/31/2025	Flanagan, Barbara	$83.65
	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 ($)
11/14/2025	Flanagan, Barbara	$83.65
	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 ($)
11/28/2025	Flanagan, Barbara	$83.65
	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: 217/889 Rpt: 220/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Flanagan, Barbara	$83.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Flanagan, Barbara	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 218/889 Rpt: 221/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Flowers, Robert	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Flowers, Robert	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Cyber & Crime ML Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 219/889 Rpt: 222/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Flowers, Robert	Hartford, CT 06183	$10.00	VP Cyber & Crime ML Claim	Travelers Indemnity Co
11/28/2025	Flowers, Robert	Hartford, CT 06183	$10.00	VP Cyber & Crime ML Claim	Travelers Indemnity Co
12/12/2025	Flowers, Robert	Hartford, CT 06183	$10.00	VP Cyber & Crime ML Claim	Travelers Indemnity Co
12/26/2025	Flowers, Robert	Hartford, CT 06183	$10.00	VP Cyber & Crime ML Claim	Travelers Indemnity Co
07/11/2025	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: 220/889 Rpt: 223/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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: 221/889 Rpt: 224/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Forshey, James **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.00

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 ($)
10/17/2025	Forshey, James Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.00

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 ($)
11/14/2025	Forshey, James Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.00

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 ($)
11/28/2025	Forshey, James Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.00

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 ($)
12/12/2025	Forshey, James Contributor address; City; State; Zip Code: Hartford, CT 06183	$25.00

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: 222/889 Rpt: 225/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
07/25/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
08/08/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
08/22/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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: 223/889 Rpt: 226/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	RVP Bond & SI	Travelers Indemnity Co
09/18/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	RVP Bond & SI	Travelers Indemnity Co
10/17/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	RVP Bond & SI	Travelers Indemnity Co
10/31/2025	Foxx, Thomas Alpharetta, GA 30005	$24.04	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: 224/889 Rpt: 227/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Foxx, Thomas	$24.04
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
11/28/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
12/12/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
12/26/2025	Foxx, Thomas	$24.04
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
07/11/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir 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: 225/889 Rpt: 228/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Frank, Lindsay Hartford, CT 06183	$16.92	Dir Government Relations	Travelers Indemnity Co
08/08/2025	Frank, Lindsay Hartford, CT 06183	$16.92	Dir Government Relations	Travelers Indemnity Co
08/22/2025	Frank, Lindsay Hartford, CT 06183	$16.92	Dir Government Relations	Travelers Indemnity Co
09/05/2025	Frank, Lindsay Hartford, CT 06183	$16.92	Dir Government Relations	Travelers Indemnity Co
09/18/2025	Frank, Lindsay Hartford, CT 06183	$16.92	Dir 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: 226/889 Rpt: 229/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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)
Dir Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Frank, Lindsay	$16.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir 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: 227/889 Rpt: 230/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Frank, Lindsay Hartford, CT 06183	$16.92

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Frank, Lindsay Hartford, CT 06183	$16.92

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) French, David Hartford, CT 06183	$118.85

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 228/889 Rpt: 231/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	French, David Hartford, CT 06183	$118.85	SVP Admin Services	Travelers Indemnity Co
09/05/2025	French, David Hartford, CT 06183	$118.85	SVP Admin Services	Travelers Indemnity Co
09/18/2025	French, David Hartford, CT 06183	$118.85	SVP Admin Services	Travelers Indemnity Co
10/03/2025	French, David Hartford, CT 06183	$118.85	SVP Admin Services	Travelers Indemnity Co
10/17/2025	French, David Hartford, CT 06183	$118.85	SVP Admin Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 229/889 Rpt: 232/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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 Admin Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	French, David	$118.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 230/889 Rpt: 233/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Frey, Daniel **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$208.33

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Frey, Daniel Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Frey, Daniel Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Frey, Daniel Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Frey, Daniel Contributor address; City; State; Zip Code 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: 231/889 Rpt: 234/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Frey, Daniel Hartford, CT 06183	$208.33	EVP & Chief Financial Officer	Travelers Indemnity Co
10/03/2025	Frey, Daniel Hartford, CT 06183	$208.33	EVP & Chief Financial Officer	Travelers Indemnity Co
10/17/2025	Frey, Daniel Hartford, CT 06183	$208.33	EVP & Chief Financial Officer	Travelers Indemnity Co
11/14/2025	Frey, Daniel Hartford, CT 06183	$208.33	EVP & Chief Financial Officer	Travelers Indemnity Co
11/28/2025	Frey, Daniel Hartford, CT 06183	$208.33	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: 232/889 Rpt: 235/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Frey, Daniel Hartford, CT 06183	$208.33

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ 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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$51.06

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property & Strategy	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$51.06

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property & Strategy	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Frost, Nicholas Richardson, TX 75081	$51.06

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property & Strategy	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 233/889 Rpt: 236/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Frost, Nicholas	$51.06
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): RVP National Property & Strategy	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Frost, Nicholas	$51.06
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	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: 234/889 Rpt: 237/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Frost, Nicholas	$51.06
	6 Contributor address; City; State; Zip Code: Richardson, TX 75081	
8 Principal occupation / Job title (See Instructions): RVP National Property & Strategy	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Frost, Nicholas	$52.77
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Frost, Nicholas	$59.62
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Frost, Nicholas	$59.62
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Frost, Nicholas	$59.62
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): RVP National Property & Strategy	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: 235/889 Rpt: 238/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Gagliarducci, Carolyn	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
07/25/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
08/08/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
08/22/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
09/05/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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: 236/889 Rpt: 239/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Gagliarducci, Carolyn	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
10/03/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
10/17/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
11/14/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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 ($)
11/28/2025	Gagliarducci, Carolyn	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
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: 237/889 Rpt: 240/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Gagliarducci, Carolyn Hartford, CT 06183	$100.00

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 ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Gagliarducci, Carolyn Hartford, CT 06183	$100.00

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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Gaines, Jeffrey Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Gaines, Jeffrey Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Gaines, Jeffrey Charlotte, NC 28226	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 238/889 Rpt: 241/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	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 BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 239/889 Rpt: 242/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	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 BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gaines, Jeffrey	$10.00
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 240/889 Rpt: 243/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Galloway, Julie	$17.60
	6 Contributor address; City; State; Zip Code Allen, KS 66833	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code Allen, KS 66833	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code Allen, KS 66833	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code Allen, KS 66833	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code Allen, KS 66833	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 241/889 Rpt: 244/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Galloway, Julie	$17.60
	6 Contributor address; City; State; Zip Code: Allen, KS 66833	
8 Principal occupation / Job title (See Instructions): AVP Client Delivery	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): AVP Client Delivery	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): AVP Client Delivery	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): AVP Client Delivery	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): AVP Client Delivery	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: 242/889 Rpt: 245/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Galloway, Julie	$17.60
	6 Contributor address; City; State; Zip Code: Allen, KS 66833	
8 Principal occupation / Job title (See Instructions): AVP Client Delivery	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Galloway, Julie	$17.60
	Contributor address; City; State; Zip Code: Allen, KS 66833	
Principal occupation / Job title (See Instructions): AVP Client Delivery	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Galvin, Jason	$161.54
	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 ($)
07/25/2025	Galvin, Jason	$161.54
	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 ($)
08/08/2025	Galvin, Jason	$161.54
	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: 243/889 Rpt: 246/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 244/889 Rpt: 247/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Galvin, Jason	$161.54
	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 ($)
11/14/2025	Galvin, Jason	$161.54
	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 ($)
11/28/2025	Galvin, Jason	$161.54
	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 ($)
12/12/2025	Galvin, Jason	$161.54
	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 ($)
12/26/2025	Galvin, Jason	$161.54
	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: 245/889 Rpt: 248/894

2 FILER 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)
07/11/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	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: 246/889 Rpt: 249/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	RVP Bond & SI	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Garcia, Dana Diamond Bar, CA 91765	$20.00	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: 247/889 Rpt: 250/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 248/889 Rpt: 251/894

2 FILER 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)
08/22/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00	Sr Dir SW Engineering	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00	Sr Dir SW Engineering	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00	Sr Dir SW Engineering	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00	Sr Dir SW Engineering	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Gartside, Kirk Hartford, CT 06183	$10.00	Sr Dir SW Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 249/889 Rpt: 252/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Gartside, Kirk	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gartside, Kirk	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir SW Engineering	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 250/889 Rpt: 253/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Gee, Patrick	$38.56
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Gee, Patrick	$38.56
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Claim Personal Ins	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 251/889 Rpt: 254/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	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	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	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	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	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	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	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	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	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: 252/889 Rpt: 255/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Gehrhardt, Beth	$46.54
	Contributor address; City; State; Zip Code: Estero, FL 33928	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Gehrhardt, Beth	$46.54
	Contributor address; City; State; Zip Code: Estero, FL 33928	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Gehrhardt, Beth	$46.54
	Contributor address; City; State; Zip Code: Estero, FL 33928	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 253/889 Rpt: 256/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Gehrhardt, Beth **6** Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 254/889 Rpt: 257/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Gehrhardt, Beth **6** Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gehrhardt, Beth Contributor address; City; State; Zip Code Estero, FL 33928	$46.54

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 255/889 Rpt: 258/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Gerstman, Anne	$15.00
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
8 Principal occupation / Job title (See Instructions): Sr Dir Circle Lead - Tech	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Gerstman, Anne	$15.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
Principal occupation / Job title (See Instructions): Sr Dir Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Gerstman, Anne	$15.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
Principal occupation / Job title (See Instructions): Sr Dir Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Gerstman, Anne	$15.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
Principal occupation / Job title (See Instructions): Sr Dir Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Gerstman, Anne	$15.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
Principal occupation / Job title (See Instructions): Sr Dir Circle Lead - Tech	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: 256/889 Rpt: 259/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Gerstman, Anne Cockeysville, MD 21030	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
10/03/2025	Gerstman, Anne Cockeysville, MD 21030	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
10/17/2025	Gerstman, Anne Cockeysville, MD 21030	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
11/14/2025	Gerstman, Anne Cockeysville, MD 21030	$15.00	Sr Dir Circle Lead - Tech	Travelers Indemnity Co
11/28/2025	Gerstman, Anne Cockeysville, MD 21030	$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: 257/889 Rpt: 260/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Gerstman, Anne	$15.00
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gerstman, Anne	$15.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 258/889 Rpt: 261/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Giannone, Anthony	$61.54
	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 259/889 Rpt: 262/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Giannone, Anthony	$61.54
	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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: 260/889 Rpt: 263/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Gibbons, Myles	$144.23
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & President Middle Market & Nation	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & President Middle Market & Nation	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & President Middle Market & Nation	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & President Middle Market & Nation	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & President Middle Market & Nation	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: 261/889 Rpt: 264/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Gibbons, Myles Hartford, CT 06183	$144.23	EVP & President Middle Market & Nation	Travelers Indemnity Co
10/03/2025	Gibbons, Myles Hartford, CT 06183	$144.23	EVP & President Middle Market & Nation	Travelers Indemnity Co
10/17/2025	Gibbons, Myles Hartford, CT 06183	$144.23	EVP & President Middle Market & Nation	Travelers Indemnity Co
10/31/2025	Gibbons, Myles Hartford, CT 06183	$144.23	EVP & President Middle Market & Nation	Travelers Indemnity Co
11/14/2025	Gibbons, Myles Hartford, CT 06183	$144.23	EVP & President Middle Market & Nation	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 262/889 Rpt: 265/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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)
EVP & President Middle Market & Nation	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & President Middle Market & Nation	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Gibbons, Myles	$144.23
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & President Middle Market & Nation	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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: 263/889 Rpt: 266/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 264/889 Rpt: 267/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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: 265/889 Rpt: 268/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Gifford, Bruce Hartford, CT 06183	$148.08	SVP Chief Actuary BI	Travelers Indemnity Co
07/11/2025	Gingeleskie, Gregory Hartford, CT 06183	$26.97	VP Finance	Travelers Indemnity Co
07/25/2025	Gingeleskie, Gregory Hartford, CT 06183	$26.97	VP Finance	Travelers Indemnity Co
08/08/2025	Gingeleskie, Gregory Hartford, CT 06183	$26.97	VP Finance	Travelers Indemnity Co
08/22/2025	Gingeleskie, Gregory Hartford, CT 06183	$26.97	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: 266/889 Rpt: 269/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	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 Finance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Gingeleskie, Gregory	$26.97
	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 ($)
10/03/2025	Gingeleskie, Gregory	$26.97
	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 ($)
10/17/2025	Gingeleskie, Gregory	$26.97
	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 ($)
10/31/2025	Gingeleskie, Gregory	$26.97
	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: 267/889 Rpt: 270/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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 Finance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Gingeleskie, Gregory	$26.97
	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 ($)
12/12/2025	Gingeleskie, Gregory	$26.97
	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 ($)
12/26/2025	Gingeleskie, Gregory	$26.97
	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 ($)
07/11/2025	Giroux, Cody	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 268/889 Rpt: 271/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Giroux, Cody **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 269/889 Rpt: 272/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Giroux, Cody **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Giroux, Cody Contributor address; City; State; Zip Code: Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 270/889 Rpt: 273/894

2 FILER 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 ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Giroux, Cody Hartford, CT 06183	$35.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP UW Portfolio Management CAG	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Glynn, Steven Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Glynn, Steven Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Glynn, Steven Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Glynn, Steven Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 271/889 Rpt: 274/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Glynn, Steven **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Glynn, Steven Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Glynn, Steven Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Glynn, Steven Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Glynn, Steven Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Experience Design Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 272/889 Rpt: 275/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Glynn, Steven	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Experience Design Director	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Glynn, Steven	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Glynn, Steven	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 273/889 Rpt: 276/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
08/22/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
09/05/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
09/18/2025	Goldstein, Abbe New York City, NY 10017	$100.00	SVP Investor Relations	Travelers Indemnity Co
10/03/2025	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: 274/889 Rpt: 277/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Goldstein, Abbe **6** Contributor address; City; State; Zip Code: New York City, NY 10017	$100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Goldstein, Abbe Contributor address; City; State; Zip Code: New York City, NY 10017	$100.00

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 ($)
11/28/2025	Goldstein, Abbe Contributor address; City; State; Zip Code: New York City, NY 10017	$100.00

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 ($)
12/12/2025	Goldstein, Abbe Contributor address; City; State; Zip Code: New York City, NY 10017	$100.00

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 ($)
12/26/2025	Goldstein, Abbe Contributor address; City; State; Zip Code: New York City, NY 10017	$100.00

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: 275/889 Rpt: 278/894

2 FILER 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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/05/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

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: 276/889 Rpt: 279/894

2 FILER 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 ($)
09/18/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/14/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

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: 277/889 Rpt: 280/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Goodwin, Douglas Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Bus Perform Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ 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 ($)
07/25/2025	☐ 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 ($)
08/08/2025	☐ 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: 278/889 Rpt: 281/894

2 FILER 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)
08/22/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Gorecki, John Hartford, CT 06183	$15.00	VP CSS Product & Services	Travelers Indemnity Co
10/17/2025	☐ 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: 279/889 Rpt: 282/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Gorecki, John	$15.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Gorecki, John	$15.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Gorecki, John	$15.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gorecki, John	$15.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CSS Product & Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Graham, Dramere	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 280/889 Rpt: 283/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Graham, Dramere	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Dir Business Architecture	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Graham, Dramere	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Business Architecture	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Graham, Dramere	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Business Architecture	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Graham, Dramere	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Business Architecture	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Graham, Dramere	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Dir Business Architecture	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: 281/889 Rpt: 284/894

2 FILER 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)
10/03/2025	☐ out-of-state PAC (ID#:_____) Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co
12/12/2025	☐ out-of-state PAC (ID#:_____) Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 282/889 Rpt: 285/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Graham, Dramere Hartford, CT 06183	$10.00	Sr Dir Business Architecture	Travelers Indemnity Co
07/11/2025	Gregory, Douglas St. Paul, MN 55102	$25.00	VP Sales & Distribution BSI	Travelers Indemnity Co
07/25/2025	Gregory, Douglas St. Paul, MN 55102	$25.00	VP Sales & Distribution BSI	Travelers Indemnity Co
08/08/2025	Gregory, Douglas St. Paul, MN 55102	$25.00	VP Sales & Distribution BSI	Travelers Indemnity Co
08/22/2025	Gregory, Douglas St. Paul, MN 55102	$25.00	VP Sales & Distribution BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 283/889 Rpt: 286/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Gregory, Douglas	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): VP Sales & Distribution BSI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Sales & Distribution BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Sales & Distribution BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Sales & Distribution BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Sales & Distribution BSI	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: 284/889 Rpt: 287/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Gregory, Douglas	$25.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Sales & Distribution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Sales & Distribution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Gregory, Douglas	$25.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Sales & Distribution BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Griffard, Julie	$74.13
	Contributor address; City; State; Zip Code: Houston, TX 77041	

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: 285/889 Rpt: 288/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 286/889 Rpt: 289/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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: 287/889 Rpt: 290/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Griffard, Julie	$74.13
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety 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: 288/889 Rpt: 291/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Grissom, Bryce	$71.15
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Surety Bond & SI	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Surety Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Surety Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Surety Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Surety Bond & SI	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: 289/889 Rpt: 292/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Grissom, Bryce	$71.15
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Surety Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Gross, Travis	$16.63
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 290/889 Rpt: 293/894

2 FILER 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)
07/25/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
08/22/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 291/889 Rpt: 294/894

2 FILER NAME: The Travelers Companies, Inc. 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)
10/03/2025	Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
10/17/2025	Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
10/31/2025	Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
11/14/2025	Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co
11/28/2025	Gross, Travis Richardson, TX 75081	$16.63	AVP Claim Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 292/889 Rpt: 295/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Gross, Travis Richardson, TX 75081	$16.63

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Hall, Cora Hartford, CT 06183	$42.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Hall, Cora Hartford, CT 06183	$42.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Hall, Cora Hartford, CT 06183	$42.88

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy 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: 293/889 Rpt: 296/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Hall, Cora	Hartford, CT 06183	$42.88	AVP Marketing Strategy Team Lead	Travelers Indemnity Co
09/05/2025	Hall, Cora	Hartford, CT 06183	$42.88	AVP Marketing Strategy Team Lead	Travelers Indemnity Co
09/18/2025	Hall, Cora	Hartford, CT 06183	$42.88	AVP Marketing Strategy Team Lead	Travelers Indemnity Co
10/03/2025	Hall, Cora	Hartford, CT 06183	$42.88	AVP Marketing Strategy Team Lead	Travelers Indemnity Co
10/17/2025	Hall, Cora	Hartford, CT 06183	$42.88	AVP Marketing Strategy 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: 294/889 Rpt: 297/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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 Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy Team Lead	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Hall, Cora	$42.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Marketing Strategy 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: 295/889 Rpt: 298/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
07/25/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
08/08/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
08/22/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
09/05/2025	Hamm, Scott Morristown, NJ 07960	$92.31	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: 296/889 Rpt: 299/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
10/03/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
10/17/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
10/31/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
11/14/2025	Hamm, Scott Morristown, NJ 07960	$92.31	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: 297/889 Rpt: 300/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
12/12/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
12/26/2025	Hamm, Scott Morristown, NJ 07960	$92.31	BI Field Vice President	Travelers Indemnity Co
07/11/2025	Hankinson, Allen Cockeysville, MD 21030	$18.27	UW AVP BI Business Center	Travelers Indemnity Co
07/25/2025	Hankinson, Allen Cockeysville, MD 21030	$18.27	UW AVP BI 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: 298/889 Rpt: 301/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Hankinson, Allen	$18.27
	6 Contributor address; City; State; Zip Code Cockeysville, MD 21030	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Hankinson, Allen	$18.27
	Contributor address; City; State; Zip Code Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI 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: 299/889 Rpt: 302/894

2 FILER 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 ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Cockeysville, MD 21030	$18.27

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/31/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Cockeysville, MD 21030	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/14/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Cockeysville, MD 21030	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Cockeysville, MD 21030	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Hankinson, Allen Cockeysville, MD 21030	$18.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW AVP BI 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: 300/889 Rpt: 303/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Hankinson, Allen	$18.27
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW AVP BI Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
08/08/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
08/22/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
09/05/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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: 301/889 Rpt: 304/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Harrington, Andrea	$50.00
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	
8 Principal occupation / Job title (See Instructions): Managing Counsel Claim	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Managing Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Harrington, Andrea	$50.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Managing Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Harrington, Andrea	$16.35
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Managing Counsel Claim	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Managing 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: 302/889 Rpt: 305/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Harrington, Andrea	$50.00
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/03/2025	Harrington, Andrea	$16.35
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/03/2025	Harrington, Andrea	$10.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/03/2025	Harrington, Andrea	$5.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/03/2025	Harrington, Andrea	$2.50
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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: 303/889 Rpt: 306/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Harrington, Andrea	$2.50
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/17/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/17/2025	Harrington, Andrea	$50.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/17/2025	Harrington, Andrea	$16.35
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/17/2025	Harrington, Andrea	$10.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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: 304/889 Rpt: 307/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Harrington, Andrea	$5.00
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
10/31/2025	Harrington, Andrea	$16.35
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
11/14/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
11/28/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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 ($)
12/12/2025	Harrington, Andrea	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	

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: 305/889 Rpt: 308/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Harrington, Andrea St. Louis, MO 63146	$15.00	Managing Counsel Claim	Travelers Indemnity Co
07/11/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
07/25/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
08/08/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
08/22/2025	Harris, Dale Conway, SC 29526	$10.00	AVP 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: 306/889 Rpt: 309/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Harris, Dale **6** Contributor address; City; State; Zip Code Conway, SC 29526	$10.00
8 Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Harris, Dale Contributor address; City; State; Zip Code Conway, SC 29526	$10.00
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Harris, Dale Contributor address; City; State; Zip Code Conway, SC 29526	$10.00
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Harris, Dale Contributor address; City; State; Zip Code Conway, SC 29526	$10.00
Principal occupation / Job title (See Instructions): AVP Actuarial & Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Harris, Dale Contributor address; City; State; Zip Code Conway, SC 29526	$10.00
Principal occupation / Job title (See Instructions): AVP 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: 307/889 Rpt: 310/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
12/12/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
12/26/2025	Harris, Dale Conway, SC 29526	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
07/11/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
07/25/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP 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: 308/889 Rpt: 311/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Harris, Douglas	$25.00
	6 Contributor address; City; State; Zip Code Tampa, FL 33609	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Harris, Douglas	$25.00
	Contributor address; City; State; Zip Code Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 309/889 Rpt: 312/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
11/14/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
11/28/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
12/12/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
12/26/2025	Harris, Douglas Tampa, FL 33609	$25.00	AVP 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: 310/889 Rpt: 313/894

2 FILER 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)
07/11/2025	☐ out-of-state PAC (ID#:_____) Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
07/25/2025	☐ out-of-state PAC (ID#:_____) Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
08/22/2025	☐ out-of-state PAC (ID#:_____) Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 311/889 Rpt: 314/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
10/03/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
10/17/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
11/14/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
11/28/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 312/889 Rpt: 315/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
12/26/2025	Harris, Jacqueline Bellevue, WA 98004	$10.00	Managing Dir BSI Private Non-Profit	Travelers Indemnity Co
07/11/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
07/25/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
08/08/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 313/889 Rpt: 316/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
09/05/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
09/18/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
10/03/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
10/17/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 314/889 Rpt: 317/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
11/14/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
11/28/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
12/12/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co
12/26/2025	Hart, Christopher Canandaigua, NY 14424	$30.77	Dir Learning Partner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 315/889 Rpt: 318/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Hayes, Christopher	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 316/889 Rpt: 319/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Hayes, Christopher	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 317/889 Rpt: 320/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Hayes, Christopher	$17.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Hayes, Christopher	$17.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Henderson, Charles	$39.40
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Property	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Henderson, Charles	$39.40
	Contributor address; City; State; Zip Code: Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer 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: 318/889 Rpt: 321/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
08/22/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
09/05/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
09/18/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
10/03/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer 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: 319/889 Rpt: 322/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
10/31/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
11/14/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
11/28/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
12/12/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer 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: 320/889 Rpt: 323/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Henderson, Charles Richardson, TX 75081	$39.40	UW Officer National Property	Travelers Indemnity Co
07/11/2025	Hentnick, Donna Hartford, CT 06183	$23.32	VP Enterprise Talent Mgmt	Travelers Indemnity Co
07/25/2025	Hentnick, Donna Hartford, CT 06183	$23.32	VP Enterprise Talent Mgmt	Travelers Indemnity Co
08/08/2025	Hentnick, Donna Hartford, CT 06183	$23.32	VP Enterprise Talent Mgmt	Travelers Indemnity Co
08/22/2025	Hentnick, Donna Hartford, CT 06183	$23.32	VP Enterprise Talent Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 321/889 Rpt: 324/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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 Enterprise Talent Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Talent Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Talent Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Talent Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Talent Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 322/889 Rpt: 325/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Hentnick, Donna	$23.32
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Enterprise Talent Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Talent Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Talent Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Hentnick, Donna	$23.32
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Talent Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Management Liability Bond & SI	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: 323/889 Rpt: 326/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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 Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability 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: 324/889 Rpt: 327/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	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 Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability 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: 325/889 Rpt: 328/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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 Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Herron, Peter	$80.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Management Liability Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 326/889 Rpt: 329/894

2 FILER 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 ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/05/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/18/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Herzog, Kristin Hartford, CT 06183	$95.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Grp Gen Cnsl - Corp Lit & Lgl Share	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 327/889 Rpt: 330/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Herzog, Kristin	$95.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Grp Gen Cnsl - Corp Lit & Lgl Share	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Grp Gen Cnsl - Corp Lit & Lgl Share	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Grp Gen Cnsl - Corp Lit & Lgl Share	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Grp Gen Cnsl - Corp Lit & Lgl Share	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Herzog, Kristin	$95.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Grp Gen Cnsl - Corp Lit & Lgl Share	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: 328/889 Rpt: 331/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
07/25/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
08/08/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
08/22/2025	Heyman, William New York City, NY 10017	$288.46	Vice Chairman	Travelers Indemnity Co
09/05/2025	Heyman, William New York City, NY 10017	$96.18	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: 329/889 Rpt: 332/894

2 FILER 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)
07/11/2025	Hiers, Carol Alpharetta, GA 30005	$30.00	AVP Business Center	Travelers Indemnity Co
07/25/2025	Hiers, Carol Alpharetta, GA 30005	$30.00	AVP Business Center	Travelers Indemnity Co
08/08/2025	Hiers, Carol Alpharetta, GA 30005	$30.00	AVP Business Center	Travelers Indemnity Co
08/22/2025	Hiers, Carol Alpharetta, GA 30005	$30.00	AVP Business Center	Travelers Indemnity Co
09/05/2025	Hiers, Carol Alpharetta, GA 30005	$30.00	AVP 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: 330/889 Rpt: 333/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	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)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Hiers, Carol Contributor address; City; State; Zip Code Alpharetta, GA 30005	$30.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 331/889 Rpt: 334/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Hiers, Carol	$30.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Hiers, Carol	$30.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
07/25/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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 ($)
08/08/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

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: 332/889 Rpt: 335/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Hill, David **6** Contributor address; City; State; Zip Code Blue Bell, PA 19422	$60.58

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 ($)
09/05/2025	Hill, David Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Hill, David Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Hill, David Contributor address; City; State; Zip Code 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 / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hill, David Contributor address; City; State; Zip Code 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: 333/889 Rpt: 336/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Hill, David	$60.58
	6 Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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 ($)
11/14/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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 ($)
11/28/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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 ($)
12/12/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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 ($)
12/26/2025	Hill, David	$60.58
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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: 334/889 Rpt: 337/894

2 FILER NAME: The Travelers Companies, Inc. 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)
07/11/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
07/25/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
08/08/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
08/22/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
09/05/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 335/889 Rpt: 338/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
10/03/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
10/17/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
11/14/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co
11/28/2025	Hoffman, Brian Hartford, CT 06183	$15.00	VP Residual Markets	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 336/889 Rpt: 339/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Hoffman, Brian Hartford, CT 06183	$15.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Hoffman, Brian Hartford, CT 06183	$15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Residual Markets	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Holly, Christian St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Holly, Christian St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Holly, Christian St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 337/889 Rpt: 340/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Holly, Christian **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Holly, Christian Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Holly, Christian Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Holly, Christian Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Holly, Christian Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 338/889 Rpt: 341/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Holly, Christian	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Holly, Christian	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Holly, Christian	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Holly, Christian	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Houston, TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Counsel Claim Coverage Lit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 339/889 Rpt: 342/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Hooker, Allison	$18.27
	6 Contributor address; City; State; Zip Code: Houston, TX 77041	
8 Principal occupation / Job title (See Instructions): Sr Counsel Claim Coverage Lit	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): Sr Counsel Claim Coverage Lit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): Sr Counsel Claim Coverage Lit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): Sr Counsel Claim Coverage Lit	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Hooker, Allison	$18.27
	Contributor address; City; State; Zip Code: Houston, TX 77041	
Principal occupation / Job title (See Instructions): Sr Counsel Claim Coverage Lit	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: 340/889 Rpt: 343/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-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)
10/03/2025	Hooker, Allison **6** Contributor address; City; State; Zip Code: Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
10/17/2025	Hooker, Allison Contributor address; City; State; Zip Code: Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
10/31/2025	Hooker, Allison Contributor address; City; State; Zip Code: Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
11/14/2025	Hooker, Allison Contributor address; City; State; Zip Code: Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
11/28/2025	Hooker, Allison Contributor address; City; State; Zip Code: Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 341/889 Rpt: 344/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Hooker, Allison Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
12/26/2025	Hooker, Allison Houston, TX 77041	$18.27	Sr Counsel Claim Coverage Lit	Travelers Indemnity Co
07/11/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
07/25/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
08/08/2025	Hopper, Kelly Centennial, CO 80112	$10.00	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: 342/889 Rpt: 345/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/22/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
09/05/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
09/18/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
10/03/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
10/17/2025	Hopper, Kelly Centennial, CO 80112	$10.00	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: 343/889 Rpt: 346/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
11/28/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
12/12/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
12/26/2025	Hopper, Kelly Centennial, CO 80112	$10.00	Field VP	Travelers Indemnity Co
07/11/2025	Horan, William Spring Branch, TX 78070	$25.00	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: 344/889 Rpt: 347/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Horan, William Spring Branch, TX 78070	$25.00	Catastrophe Claim Field VP	Travelers Indemnity Co
08/08/2025	Horan, William Spring Branch, TX 78070	$25.00	Catastrophe Claim Field VP	Travelers Indemnity Co
08/22/2025	Horan, William Spring Branch, TX 78070	$25.00	Catastrophe Claim Field VP	Travelers Indemnity Co
09/05/2025	Horan, William Spring Branch, TX 78070	$25.00	Catastrophe Claim Field VP	Travelers Indemnity Co
09/18/2025	Horan, William Spring Branch, TX 78070	$25.00	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: 345/889 Rpt: 348/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Horan, William **6** Contributor address; City; State; Zip Code: Spring Branch, TX 78070	$25.00
8 Principal occupation / Job title (See Instructions): Catastrophe Claim Field VP	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Horan, William Contributor address; City; State; Zip Code: Spring Branch, TX 78070	$25.00
Principal occupation / Job title (See Instructions): Catastrophe Claim Field VP	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Horan, William Contributor address; City; State; Zip Code: Spring Branch, TX 78070	$25.00
Principal occupation / Job title (See Instructions): Catastrophe Claim Field VP	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Horan, William Contributor address; City; State; Zip Code: Spring Branch, TX 78070	$25.00
Principal occupation / Job title (See Instructions): Catastrophe Claim Field VP	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Horan, William Contributor address; City; State; Zip Code: Spring Branch, TX 78070	$25.00
Principal occupation / Job title (See Instructions): Catastrophe Claim Field VP	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: 346/889 Rpt: 349/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Horan, William	$25.00
	6 Contributor address; City; State; Zip Code: Spring Branch, TX 78070	

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 ($)
07/11/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 347/889 Rpt: 350/894

2 FILER 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)
09/05/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Houston, Marchelle Hartford, CT 06183	$100.00	SVP Bond & SI Claim	Travelers Indemnity Co
11/14/2025	☐ 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: 348/889 Rpt: 351/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Houston, Marchelle	$100.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Houston, Marchelle	$100.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 349/889 Rpt: 352/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Howe, Jill	$17.02
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 350/889 Rpt: 353/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Howe, Jill	$17.02
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	
8 Principal occupation / Job title (See Instructions): UW Director Commercial Surety	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): UW Director Commercial Surety	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): UW Director Commercial Surety	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): UW Director Commercial Surety	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Howe, Jill	$17.02
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): UW Director Commercial Surety	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: 351/889 Rpt: 354/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Howe, Jill	$17.02
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Director Commercial Surety	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 352/889 Rpt: 355/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Howenstine, Rona	$28.85
	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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: 353/889 Rpt: 356/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Howenstine, Rona	$28.85
	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Hubbell, Nathan	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Science	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 354/889 Rpt: 357/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Hubbell, Nathan **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Hubbell, Nathan Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Science	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Hubbell, Nathan Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Science	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Hubbell, Nathan Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Science	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Hubbell, Nathan Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Data Science	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 355/889 Rpt: 358/894

2 FILER NAME: The Travelers Companies, Inc. 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)
10/03/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	VP Data Science	Travelers Indemnity Co
10/17/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	VP Data Science	Travelers Indemnity Co
11/14/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	VP Data Science	Travelers Indemnity Co
11/28/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	VP Data Science	Travelers Indemnity Co
12/12/2025	Hubbell, Nathan St. Paul, MN 55102	$10.00	VP Data Science	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 356/889 Rpt: 359/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Hubbell, Nathan	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 357/889 Rpt: 360/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Hudson, Melanie	$57.69
	6 Contributor address; City; State; Zip Code: Charlotte, NC 28226	
8 Principal occupation / Job title (See Instructions): BI Field Vice President	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hudson, Melanie	$57.69
	Contributor address; City; State; Zip Code: Charlotte, NC 28226	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Hudson, Melanie	$57.69
	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: 358/889 Rpt: 361/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Hudson, Melanie	$57.69
	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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: 359/889 Rpt: 362/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Hughes, Kevin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$96.63

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	$96.63

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	$96.63

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	$96.63

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Hughes, Kevin Contributor address; City; State; Zip Code Hartford, CT 06183	$96.63

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: 360/889 Rpt: 363/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Hughes, Kevin **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$96.63

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hughes, Kevin Contributor address; City; State; Zip Code: Hartford, CT 06183	$96.63

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Hughes, Kevin Contributor address; City; State; Zip Code: Hartford, CT 06183	$96.63

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Hughes, Kevin Contributor address; City; State; Zip Code: Hartford, CT 06183	$96.63

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Hughes, Kevin Contributor address; City; State; Zip Code: Hartford, CT 06183	$96.63

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: 361/889 Rpt: 364/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Hughes, Kevin	$96.63
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Hughes, Kevin	$96.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Group Gen Counsel Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Ibuzor, Aloy	$27.31
	Contributor address; City; State; Zip Code: Melville, NY 11747	
Principal occupation / Job title (See Instructions): Assoc Group Gen Counsel-Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Ibuzor, Aloy	$27.31
	Contributor address; City; State; Zip Code: Melville, NY 11747	
Principal occupation / Job title (See Instructions): Assoc Group Gen Counsel-Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Ibuzor, Aloy	$27.31
	Contributor address; City; State; Zip Code: Melville, NY 11747	
Principal occupation / Job title (See Instructions): Assoc Group Gen Counsel-Claim	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 362/889 Rpt: 365/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Ibuzor, Aloy **6** Contributor address; City; State; Zip Code 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Ibuzor, Aloy Contributor address; City; State; Zip Code 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Ibuzor, Aloy Contributor address; City; State; Zip Code 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Ibuzor, Aloy Contributor address; City; State; Zip Code 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Ibuzor, Aloy Contributor address; City; State; Zip Code Melville, NY 11747	$27.31

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: 363/889 Rpt: 366/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
11/14/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
11/28/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
12/12/2025	Ibuzor, Aloy Melville, NY 11747	$27.31	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
12/26/2025	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: 364/889 Rpt: 367/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Ingham, Janis **6** Contributor address; City; State; Zip Code: Orlando, FL 32814	$14.91
8 Principal occupation / Job title (See Instructions): Sr Dir Business Process Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	
Date: 07/25/2025	Full name of contributor / out-of-state PAC (ID#:): Ingham, Janis Contributor address; City; State; Zip Code: Orlando, FL 32814	Amount of Contribution ($): $14.91
Principal occupation / Job title (See Instructions): Sr Dir Business Process Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date: 08/08/2025	Full name of contributor / out-of-state PAC (ID#:): Ingham, Janis Contributor address; City; State; Zip Code: Orlando, FL 32814	Amount of Contribution ($): $14.91
Principal occupation / Job title (See Instructions): Sr Dir Business Process Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date: 08/22/2025	Full name of contributor / out-of-state PAC (ID#:): Ingham, Janis Contributor address; City; State; Zip Code: Orlando, FL 32814	Amount of Contribution ($): $14.91
Principal occupation / Job title (See Instructions): Sr Dir Business Process Mgmt	Employer (See Instructions): Travelers Indemnity Co	
Date: 09/05/2025	Full name of contributor / out-of-state PAC (ID#:): Ingham, Janis Contributor address; City; State; Zip Code: Orlando, FL 32814	Amount of Contribution ($): $14.91
Principal occupation / Job title (See Instructions): Sr Dir Business Process 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: 365/889 Rpt: 368/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-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)
09/18/2025	Ingham, Janis **6** Contributor address; City; State; Zip Code Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
10/03/2025	Ingham, Janis Contributor address; City; State; Zip Code Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
10/17/2025	Ingham, Janis Contributor address; City; State; Zip Code Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
10/31/2025	Ingham, Janis Contributor address; City; State; Zip Code Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
11/14/2025	Ingham, Janis Contributor address; City; State; Zip Code Orlando, FL 32814	$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: 366/889 Rpt: 369/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Ingham, Janis Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
12/12/2025	Ingham, Janis Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
12/26/2025	Ingham, Janis Orlando, FL 32814	$14.91	Sr Dir Business Process Mgmt	Travelers Indemnity Co
07/11/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	RVP Const Energy & Marine	Travelers Indemnity Co
07/25/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	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: 367/889 Rpt: 370/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/08/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	RVP Const Energy & Marine	Travelers Indemnity Co
08/22/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	RVP Const Energy & Marine	Travelers Indemnity Co
09/05/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	RVP Const Energy & Marine	Travelers Indemnity Co
09/18/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	RVP Const Energy & Marine	Travelers Indemnity Co
10/03/2025	Jaeger, Andrew St. Paul, MN 55102	$50.10	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: 368/889 Rpt: 371/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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: 369/889 Rpt: 372/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Jaeger, Andrew	$50.10
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Const Energy & Marine	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Johnson, Carolyn	$10.00
	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 ($)
07/25/2025	Johnson, Carolyn	$10.00
	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 ($)
08/08/2025	Johnson, Carolyn	$10.00
	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 ($)
08/22/2025	Johnson, Carolyn	$10.00
	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: 370/889 Rpt: 373/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	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)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Johnson, Carolyn	$10.00
	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 ($)
10/03/2025	Johnson, Carolyn	$10.00
	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 ($)
10/17/2025	Johnson, Carolyn	$10.00
	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 ($)
11/14/2025	Johnson, Carolyn	$10.00
	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: 371/889 Rpt: 374/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Johnson, Carolyn Hartford, CT 06183	$10.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
12/12/2025	Johnson, Carolyn Hartford, CT 06183	$10.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
12/26/2025	Johnson, Carolyn Hartford, CT 06183	$10.00	VP Claim Prod Dev&Strat	Travelers Indemnity Co
07/11/2025	Johnston, Jay St. Paul, MN 55102	$10.00	Executive Counsel	Travelers Indemnity Co
07/25/2025	Johnston, Jay St. Paul, MN 55102	$10.00	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: 372/889 Rpt: 375/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Johnston, Jay **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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 ($)
08/22/2025	Johnston, Jay Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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 ($)
09/05/2025	Johnston, Jay Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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 ($)
09/18/2025	Johnston, Jay Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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 ($)
10/03/2025	Johnston, Jay Contributor address; City; State; Zip Code St. Paul, MN 55102	$10.00

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: 373/889 Rpt: 376/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Johnston, Jay St. Paul, MN 55102	$10.00	Executive Counsel	Travelers Indemnity Co
11/14/2025	Johnston, Jay St. Paul, MN 55102	$10.00	Executive Counsel	Travelers Indemnity Co
11/28/2025	Johnston, Jay St. Paul, MN 55102	$10.00	Executive Counsel	Travelers Indemnity Co
12/12/2025	Johnston, Jay St. Paul, MN 55102	$10.00	Executive Counsel	Travelers Indemnity Co
12/26/2025	Johnston, Jay St. Paul, MN 55102	$10.00	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: 374/889 Rpt: 377/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 375/889 Rpt: 378/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Jones, Bruce	$211.54
	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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: 376/889 Rpt: 379/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	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 ($)
12/12/2025	Jones, Bruce	$59.57
	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 ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 377/889 Rpt: 380/894

2 FILER 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)
08/22/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
10/17/2025	☐ 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: 378/889 Rpt: 381/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
11/28/2025	Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
12/12/2025	Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
12/26/2025	Kahn, Michael Richardson, TX 75081	$10.00	Sr Counsel	Travelers Indemnity Co
07/11/2025	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: 379/889 Rpt: 382/894

2 FILER 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)
07/25/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
08/08/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
08/22/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
09/05/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
09/18/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	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: 380/889 Rpt: 383/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
10/17/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
10/31/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
11/14/2025	Kalla, Christine St. Paul, MN 55102	$211.54	EVP & General Counsel	Travelers Indemnity Co
11/28/2025	Kalla, Christine St. Paul, MN 55102	$134.58	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: 381/889 Rpt: 384/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Karam, Kamal St. Paul, MN 55102	$50.00	SVP Benefits Investments	Travelers Indemnity Co
07/25/2025	Karam, Kamal St. Paul, MN 55102	$50.00	SVP Benefits Investments	Travelers Indemnity Co
08/08/2025	Karam, Kamal St. Paul, MN 55102	$50.00	SVP Benefits Investments	Travelers Indemnity Co
08/22/2025	Karam, Kamal St. Paul, MN 55102	$50.00	SVP Benefits Investments	Travelers Indemnity Co
09/05/2025	Karam, Kamal St. Paul, MN 55102	$50.00	SVP Benefits Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 382/889 Rpt: 385/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	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)
SVP Benefits Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Karam, Kamal Contributor address; City; State; Zip Code: St. Paul, MN 55102	$50.00

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 383/889 Rpt: 386/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
SVP Benefits Investments	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Karam, Kamal	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 384/889 Rpt: 387/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Karp, Jay Hartford, CT 06183	$40.00	VP Management Liab Claims	Travelers Indemnity Co
09/05/2025	Karp, Jay Hartford, CT 06183	$40.00	VP Management Liab Claims	Travelers Indemnity Co
09/18/2025	Karp, Jay Hartford, CT 06183	$40.00	VP Management Liab Claims	Travelers Indemnity Co
10/03/2025	Karp, Jay Hartford, CT 06183	$40.00	VP Management Liab Claims	Travelers Indemnity Co
10/17/2025	Karp, Jay Hartford, CT 06183	$40.00	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: 385/889 Rpt: 388/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Karp, Jay	$40.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Keane, Robert	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 386/889 Rpt: 389/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
08/08/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
08/22/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
09/05/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
09/18/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 387/889 Rpt: 390/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
10/17/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
10/31/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
11/14/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
11/28/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 388/889 Rpt: 391/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
12/26/2025	Keane, Robert Hartford, CT 06183	$83.65	VP Intnl Claim & Assoc Grp Gen Counsel	Travelers Indemnity Co
07/11/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
07/25/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
08/08/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 389/889 Rpt: 392/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
09/05/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
09/18/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
10/03/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co
10/17/2025	Kearney, Brian Braintree, MA 21843	$50.00	VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 390/889 Rpt: 393/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Kearney, Brian	$50.00
	6 Contributor address; City; State; Zip Code: Braintree, MA 21843	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code: Braintree, MA 21843	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code: Braintree, MA 21843	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Kearney, Brian	$50.00
	Contributor address; City; State; Zip Code: Braintree, MA 21843	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP MM IndustryEdge & CAG Specialty Pra	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & 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: 391/889 Rpt: 394/894

2 FILER 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)
07/25/2025	☐ out-of-state PAC (ID#:_____) Keegan, Patrick Hartford, CT 06183	$211.54	EVP & Enterprise CUO	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) Keegan, Patrick Hartford, CT 06183	$211.54	EVP & Enterprise CUO	Travelers Indemnity Co
08/22/2025	☐ out-of-state PAC (ID#:_____) Keegan, Patrick Hartford, CT 06183	$211.54	EVP & Enterprise CUO	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Keegan, Patrick Hartford, CT 06183	$211.54	EVP & Enterprise CUO	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Keegan, Patrick Hartford, CT 06183	$211.54	EVP & 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: 392/889 Rpt: 395/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Keegan, Patrick	$211.54
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Enterprise CUO	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Enterprise CUO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Enterprise CUO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Keegan, Patrick	$211.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Enterprise CUO	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Keegan, Patrick	$134.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & 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: 393/889 Rpt: 396/894

2 FILER 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)
07/11/2025	Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
07/25/2025	Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
08/08/2025	Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
08/22/2025	Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
09/05/2025	Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 394/889 Rpt: 397/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
10/31/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Kelly, Timothy New York City, NY 10017	$56.73	VP Alternative Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 395/889 Rpt: 398/894

2 FILER 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 ($)
11/28/2025	Kelly, Timothy New York City, NY 10017	$56.73

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Investments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	Kelly, Timothy New York City, NY 10017	$56.73

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Alternative Investments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 396/889 Rpt: 399/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Kendrick, Michael	$37.12
	6 Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
8 Principal occupation / Job title (See Instructions): AVP Claim Management	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): AVP Claim Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): AVP Claim Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): AVP Claim Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Kendrick, Michael	$37.12
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): AVP Claim 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: 397/889 Rpt: 400/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12	AVP Claim Management	Travelers Indemnity Co
10/31/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12	AVP Claim Management	Travelers Indemnity Co
11/14/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12	AVP Claim Management	Travelers Indemnity Co
11/28/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12	AVP Claim Management	Travelers Indemnity Co
12/12/2025	Kendrick, Michael Rancho Cordova, CA 95670	$37.12	AVP Claim Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 398/889 Rpt: 401/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Kendrick, Michael	$37.12
	6 Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code: schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 399/889 Rpt: 402/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Kennedy, Kyle	$10.00
	6 Contributor address; City; State; Zip Code schenectady, NY 12302	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Kennedy, Kyle	$10.00
	Contributor address; City; State; Zip Code schenectady, NY 12302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 400/889 Rpt: 403/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle schenectady, NY 12302	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle schenectady, NY 12302	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Kyle schenectady, NY 12302	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Premium Audit	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy Cla	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Kennedy, Tara Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy Cla	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 401/889 Rpt: 404/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Kennedy, Tara **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$24.52
8 Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	$24.52
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	$24.52
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	$24.52
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Kennedy, Tara Contributor address; City; State; Zip Code Hartford, CT 06183	$24.52
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	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: 402/889 Rpt: 405/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Kennedy, Tara	$24.52
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Kennedy, Tara	$24.52
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Kennedy, Tara	$24.52
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Kennedy, Tara	$24.52
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Kennedy, Tara	$24.52
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Generative AI Business Strategy Cla	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: 403/889 Rpt: 406/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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 Generative AI Business Strategy Cla	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 404/889 Rpt: 407/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
11/14/2025	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: 405/889 Rpt: 408/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Kent, Christopher Hartford, CT 06183	$10.00

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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Kent, Christopher Hartford, CT 06183	$10.00

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 ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Kent, Christopher Hartford, CT 06183	$10.00

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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Kim, Annie 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 / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Kim, Annie 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: 406/889 Rpt: 409/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 407/889 Rpt: 410/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Kim, Annie	$30.77
	6 Contributor address; City; State; Zip Code: Irvine, CA 92612	
8 Principal occupation / Job title (See Instructions): BI Field Vice President	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): BI Field Vice President	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Kim, Annie	$30.77
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
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: 408/889 Rpt: 411/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Kindt, David	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Kindt, David	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Kindt, David	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Kindt, David	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 409/889 Rpt: 412/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Kindt, David **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00
8 Principal occupation / Job title (See Instructions): AVP Project Management	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Kindt, David Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00
Principal occupation / Job title (See Instructions): AVP Project Management	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Kindt, David Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00
Principal occupation / Job title (See Instructions): AVP Project Management	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Kindt, David Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00
Principal occupation / Job title (See Instructions): AVP Project Management	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Kindt, David Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00
Principal occupation / Job title (See Instructions): AVP Project 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: 410/889 Rpt: 413/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Kindt, David Hartford, CT 06183	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Kindt, David Hartford, CT 06183	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Kindt, David Hartford, CT 06183	$10.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Kirkwood, Dawn Hartford, CT 06183	$64.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Kirkwood, Dawn Hartford, CT 06183	$64.90

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 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: 411/889 Rpt: 414/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Kirkwood, Dawn	$64.90
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 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: 412/889 Rpt: 415/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Kirkwood, Dawn	$64.90
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Claim Account Executive	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Kirkwood, Dawn	$64.90
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 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: 413/889 Rpt: 416/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Kirkwood, Dawn	$64.90
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Klein, Michael	$326.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Klein, Michael	$326.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Klein, Michael	$232.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Personal Insurance	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/01/2025	Klenk, Jeffrey	$5,000.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & President 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: 414/889 Rpt: 417/894

2 FILER 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)
07/11/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
07/25/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
08/08/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
08/22/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
09/05/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	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: 415/889 Rpt: 418/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
10/03/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
10/17/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
10/31/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	Claim Account Executive	Travelers Indemnity Co
11/14/2025	Knudson, Kim Phoenix, AZ 85050	$28.65	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: 416/889 Rpt: 419/894

2 FILER 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 ($)
11/28/2025	☐ 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 ($)
12/12/2025	☐ 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 ($)
12/26/2025	☐ 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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Kohler, Mark Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Kohler, Mark Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 417/889 Rpt: 420/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Kohler, Mark	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 418/889 Rpt: 421/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Kohler, Mark	$10.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Kohler, Mark	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP 3rd Party ML Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 419/889 Rpt: 422/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Krechko, Jared	$50.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Krechko, Jared	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Krechko, Jared	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): 2VP Analytics&Rsrch	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Risk Control	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Kreuzer, Robert	$126.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Risk Control	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: 420/889 Rpt: 423/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
08/22/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
09/05/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
09/18/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
10/03/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP 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: 421/889 Rpt: 424/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
10/31/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
11/14/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
11/28/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP Risk Control	Travelers Indemnity Co
12/12/2025	Kreuzer, Robert Hartford, CT 06183	$126.92	SVP 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: 422/889 Rpt: 425/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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)
SVP Risk Control	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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 ($)
07/25/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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 ($)
08/08/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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 ($)
08/22/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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: 423/889 Rpt: 426/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
10/03/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
10/17/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
10/31/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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: 424/889 Rpt: 427/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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)
VP Product	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
12/12/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
12/26/2025	Krsul, Timothy	$23.04
	Contributor address; City; State; Zip Code St. Paul, MN 55102	

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 ($)
07/11/2025	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: 425/889 Rpt: 428/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Kurtzman, Diane	$20.00
	6 Contributor address; City; State; Zip Code New York City, NY 10017	
8 Principal occupation / Job title (See Instructions) EVP and Chief HR Officer	**9** Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) EVP and Chief HR Officer	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code New York City, NY 10017	
Principal occupation / Job title (See Instructions) EVP and Chief HR 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: 426/889 Rpt: 429/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Kurtzman, Diane	$20.00
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	
8 Principal occupation / Job title (See Instructions): EVP and Chief HR Officer	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP and Chief HR Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP and Chief HR Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP and Chief HR Officer	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Kurtzman, Diane	$20.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP and Chief HR 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: 427/889 Rpt: 430/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Kurtzman, Diane	$20.00
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	

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 ($)
07/11/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Learning Partner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Learning Partner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Learning Partner	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Learning Partner	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 428/889 Rpt: 431/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Lafferty, Jana	$15.58
	6 Contributor address; City; State; Zip Code: Knoxville, TN 37932	
8 Principal occupation / Job title (See Instructions): AVP Learning Partner	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	
Principal occupation / Job title (See Instructions): AVP Learning Partner	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	
Principal occupation / Job title (See Instructions): AVP Learning Partner	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	
Principal occupation / Job title (See Instructions): AVP Learning Partner	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Lafferty, Jana	$15.58
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	
Principal occupation / Job title (See Instructions): AVP Learning Partner	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: 429/889 Rpt: 432/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Lafferty, Jana Knoxville, TN 37932	$15.58	AVP Learning Partner	Travelers Indemnity Co
11/28/2025	Lafferty, Jana Knoxville, TN 37932	$15.58	AVP Learning Partner	Travelers Indemnity Co
12/12/2025	Lafferty, Jana Knoxville, TN 37932	$15.58	AVP Learning Partner	Travelers Indemnity Co
12/26/2025	Lafferty, Jana Knoxville, TN 37932	$15.58	AVP Learning Partner	Travelers Indemnity Co
07/11/2025	Lamari, Kim Rocky Hill, CT 60671	$20.00	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: 430/889 Rpt: 433/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Lamari, Kim	$20.00
	6 Contributor address; City; State; Zip Code: Rocky Hill, CT 60671	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Rocky Hill, CT 60671	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Rocky Hill, CT 60671	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Rocky Hill, CT 60671	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code: Rocky Hill, CT 60671	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 431/889 Rpt: 434/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Lamari, Kim	$20.00
	6 Contributor address; City; State; Zip Code Rocky Hill, CT 60671	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Rocky Hill, CT 60671	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Rocky Hill, CT 60671	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Rocky Hill, CT 60671	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Lamari, Kim	$20.00
	Contributor address; City; State; Zip Code Rocky Hill, CT 60671	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 432/889 Rpt: 435/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/26/2025	Lamari, Kim Rocky Hill, CT 60671	$20.00	VP Value Stream Lead	Travelers Indemnity Co
07/11/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
07/25/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
08/08/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
08/22/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 433/889 Rpt: 436/894

2 FILER 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)
09/05/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
09/18/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
10/03/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
10/17/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co
11/14/2025	Landmark, Gregory St. Paul, MN 55102	$20.00	SVP Total Rewards & People Analytics	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 434/889 Rpt: 437/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Landmark, Gregory	$20.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): SVP Total Rewards & People Analytics	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Total Rewards & People Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Landmark, Gregory	$20.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Total Rewards & People Analytics	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP 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: 435/889 Rpt: 438/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Larkin, Courtney	$90.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Government Relations	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP 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: 436/889 Rpt: 439/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Larkin, Courtney	$90.87
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Government Relations	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Government Relations	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Larkin, Courtney	$90.87
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP 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: 437/889 Rpt: 440/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	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 Government Relations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 438/889 Rpt: 441/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Larsen, Kirk Blue Bell, PA 19422	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
09/18/2025	Larsen, Kirk Blue Bell, PA 19422	$25.00	Regl President-Field Mgmt	Travelers Indemnity Co
07/11/2025	Latella, Joseph Rome, NY 13440	$21.92	RVP PL	Travelers Indemnity Co
07/25/2025	Latella, Joseph Rome, NY 13440	$21.92	RVP PL	Travelers Indemnity Co
08/08/2025	Latella, Joseph Rome, NY 13440	$21.92	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: 439/889 Rpt: 442/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Latella, Joseph	$21.92
	6 Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
09/05/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
09/18/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
10/03/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
10/17/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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: 440/889 Rpt: 443/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Latella, Joseph	$21.92
	6 Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
11/14/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
11/28/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
12/12/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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 ($)
12/26/2025	Latella, Joseph	$21.92
	Contributor address; City; State; Zip Code: Rome, NY 13440	

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: 441/889 Rpt: 444/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
07/25/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
08/08/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
08/22/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
09/05/2025	Lavelle, Martin Hartford, CT 06183	$86.54	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: 442/889 Rpt: 445/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
10/03/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
10/17/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
10/31/2025	Lavelle, Martin Hartford, CT 06183	$86.54	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
11/14/2025	Lavelle, Martin Hartford, CT 06183	$86.54	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: 443/889 Rpt: 446/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Lavelle, Martin	$86.54
	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 ($)
12/12/2025	Lavelle, Martin	$86.54
	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 ($)
12/26/2025	Lavelle, Martin	$86.54
	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 ($)
07/11/2025	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	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 444/889 Rpt: 447/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 445/889 Rpt: 448/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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: 446/889 Rpt: 449/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
08/08/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	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: 447/889 Rpt: 450/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
10/17/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
10/31/2025	Lear, Mark St. Louis, MO 63146	$77.88	RVP Bond & SI	Travelers Indemnity Co
11/14/2025	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: 448/889 Rpt: 451/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Lear, Mark	$77.88
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	
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 ($)
12/12/2025	Lear, Mark	$77.88
	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	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Lear, Mark	$77.88
	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	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Leenders, Lisa	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Project Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Leenders, Lisa	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr 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: 449/889 Rpt: 452/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr Project Director	Travelers Indemnity Co
08/22/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr Project Director	Travelers Indemnity Co
09/05/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr Project Director	Travelers Indemnity Co
09/18/2025	Leenders, Lisa Hartford, CT 06183	$10.00	Sr Project Director	Travelers Indemnity Co
10/03/2025	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: 450/889 Rpt: 453/894

2 FILER 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 ($)
10/17/2025	☐ 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 ($)
11/14/2025	☐ 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 ($)
11/28/2025	☐ 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 ($)
12/12/2025	☐ 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 ($)
12/26/2025	☐ 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 451/889 Rpt: 454/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
07/25/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
08/08/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
08/22/2025	Lefebvre, Mojgan Belmont, MA 02478	$278.85	EVP & Chief Tech & Ops Officer	Travelers Indemnity Co
09/05/2025	Lefebvre, Mojgan Belmont, MA 02478	$259.55	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: 452/889 Rpt: 455/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
07/25/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
08/08/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
08/22/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
09/05/2025	Lego, Raymond Centennial, CO 80112	$40.96	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: 453/889 Rpt: 456/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
10/03/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
10/17/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
10/31/2025	Lego, Raymond Centennial, CO 80112	$40.96	Managing Counsel Claim	Travelers Indemnity Co
11/14/2025	Lego, Raymond Centennial, CO 80112	$40.96	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: 454/889 Rpt: 457/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 455/889 Rpt: 458/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Leinauer, Craig	$10.00
	6 Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Leinauer, Craig	$10.00
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 456/889 Rpt: 459/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Leinauer, Craig Downers Grove, IL 60515	$10.00	Director Claim Management	Travelers Indemnity Co
11/14/2025	Leinauer, Craig Downers Grove, IL 60515	$10.00	Director Claim Management	Travelers Indemnity Co
11/28/2025	Leinauer, Craig Downers Grove, IL 60515	$10.00	Director Claim Management	Travelers Indemnity Co
12/12/2025	Leinauer, Craig Downers Grove, IL 60515	$10.00	Director Claim Management	Travelers Indemnity Co
12/26/2025	Leinauer, Craig Downers Grove, IL 60515	$10.00	Director Claim Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 457/889 Rpt: 460/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
07/25/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
08/08/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
08/22/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
09/05/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP 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: 458/889 Rpt: 461/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
10/03/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
10/17/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
11/14/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP Actuarial & Analytics	Travelers Indemnity Co
11/28/2025	Leiran, Benjamin St. Paul, MN 55102	$10.00	AVP 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: 459/889 Rpt: 462/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Leiran, Benjamin St. Paul, MN 55102	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Leiran, Benjamin St. Paul, MN 55102	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Leonard, Thomas Mansfield, MA 20481	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Leonard, Thomas Mansfield, MA 20481	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Leonard, Thomas Mansfield, MA 20481	$70.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 460/889 Rpt: 463/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
09/05/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
09/18/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
10/03/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
10/17/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc 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: 461/889 Rpt: 464/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
11/14/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
11/28/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
12/12/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc Group General Counsel	Travelers Indemnity Co
12/26/2025	Leonard, Thomas Mansfield, MA 20481	$70.67	Assoc 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: 462/889 Rpt: 465/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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: 463/889 Rpt: 466/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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: 464/889 Rpt: 467/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 465/889 Rpt: 468/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
09/05/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
09/18/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
10/03/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
10/17/2025	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: 466/889 Rpt: 469/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
11/28/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
12/12/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
12/26/2025	Levine, Mark Pittsburgh, PA 15219	$15.00	Sr Counsel	Travelers Indemnity Co
07/11/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP 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: 467/889 Rpt: 470/894

2 FILER 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)
07/25/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP Managing Dir Comml Accts	Travelers Indemnity Co
08/08/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP Managing Dir Comml Accts	Travelers Indemnity Co
08/22/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP Managing Dir Comml Accts	Travelers Indemnity Co
09/05/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP Managing Dir Comml Accts	Travelers Indemnity Co
09/18/2025	Lim, Eunjin Irvine, CA 92612	$22.02	AVP 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: 468/889 Rpt: 471/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Lim, Eunjin	$22.02
	6 Contributor address; City; State; Zip Code: Irvine, CA 92612	
8 Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): AVP 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: 469/889 Rpt: 472/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Lim, Eunjin	$22.02
	6 Contributor address; City; State; Zip Code: Irvine, CA 92612	
8 Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Lim, Eunjin	$22.02
	Contributor address; City; State; Zip Code: Irvine, CA 92612	
Principal occupation / Job title (See Instructions): AVP Managing Dir Comml Accts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Linehan, Patrick	$153.85
	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 ($)
07/25/2025	Linehan, Patrick	$153.85
	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 ($)
08/08/2025	Linehan, Patrick	$153.85
	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: 470/889 Rpt: 473/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
09/05/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
09/18/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
10/03/2025	Linehan, Patrick New York City, NY 10017	$153.85	SVP Corporate Communications	Travelers Indemnity Co
10/17/2025	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: 471/889 Rpt: 474/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Linehan, Patrick	$153.85
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	
8 Principal occupation / Job title (See Instructions): SVP Corporate Communications	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Linehan, Patrick	$153.85
	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 ($)
11/28/2025	Linehan, Patrick	$153.85
	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 ($)
12/12/2025	Linehan, Patrick	$153.85
	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 ($)
12/26/2025	Linehan, Patrick	$153.85
	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: 472/889 Rpt: 475/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	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)
SVP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Loperfido, Dennis	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Loperfido, Dennis	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Loperfido, Dennis	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Loperfido, Dennis	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 473/889 Rpt: 476/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	SVP Quantitative Research	Travelers Indemnity Co
10/03/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	SVP Quantitative Research	Travelers Indemnity Co
10/17/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	SVP Quantitative Research	Travelers Indemnity Co
11/14/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	SVP Quantitative Research	Travelers Indemnity Co
11/28/2025	Loperfido, Dennis St. Paul, MN 55102	$100.00	SVP Quantitative Research	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 474/889 Rpt: 477/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
SVP Quantitative Research	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Loperfido, Dennis	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Lord, John	$153.85
	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 ($)
07/25/2025	Lord, John	$153.85
	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 ($)
08/08/2025	Lord, John	$153.85
	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: 475/889 Rpt: 478/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
09/05/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
09/18/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
10/03/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
10/17/2025	Lord, John Hartford, CT 06183	$153.85	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: 476/889 Rpt: 479/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
11/14/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
11/28/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
12/12/2025	Lord, John Hartford, CT 06183	$153.85	SVP Chief Property UW Officer	TCI Global Services Inc
12/26/2025	Lord, John Hartford, CT 06183	$153.85	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: 477/889 Rpt: 480/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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: 478/889 Rpt: 481/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
10/03/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
10/17/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
11/14/2025	Lusk, Venus Hartford, CT 06183	$10.00	VP UW BI	Travelers Indemnity Co
11/28/2025	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: 479/889 Rpt: 482/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 480/889 Rpt: 483/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	MacCallum, Corinne	$46.73
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Strategic Planning & Executive Enga	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Strategic Planning & Executive Enga	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Strategic Planning & Executive Enga	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Strategic Planning & Executive Enga	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Strategic Planning & Executive Enga	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: 481/889 Rpt: 484/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	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)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	MacCallum, Corinne	$46.73
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Strategic Planning & Executive Enga	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 482/889 Rpt: 485/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
07/25/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
08/08/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
08/22/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
09/05/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	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: 483/889 Rpt: 486/894

2 FILER NAME: The Travelers Companies, Inc. 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)
09/18/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
10/03/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
10/17/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
11/14/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	VP Finance	Travelers Indemnity Co
11/28/2025	MacElhiney, Scot Hartford, CT 06183	$10.00	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: 484/889 Rpt: 487/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	MacElhiney, Scot	$10.00
	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 ($)
12/26/2025	MacElhiney, Scot	$10.00
	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 ($)
07/11/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CEM Specialty Practices and Strateg	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CEM Specialty Practices and Strateg	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP CEM Specialty Practices and Strateg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 485/889 Rpt: 488/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Magendantz, Christopher	$123.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	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: 486/889 Rpt: 489/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Magendantz, Christopher	$123.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Magendantz, Christopher	$123.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP CEM Specialty Practices and Strateg	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: 487/889 Rpt: 490/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
07/25/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
08/08/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
08/22/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
09/05/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir 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: 488/889 Rpt: 491/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
10/03/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
10/17/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
11/14/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
11/28/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir 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: 489/889 Rpt: 492/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
12/26/2025	Malsky, Joseph Hartford, CT 06183	$10.00	Sr Dir Actuarial & Analytics	Travelers Indemnity Co
07/11/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
07/25/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	VP BSI Reg Rate UW Cmpl Stan	Travelers Indemnity Co
08/08/2025	Mandelker, Stacy Hartford, CT 06183	$70.67	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: 490/889 Rpt: 493/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Mandelker, Stacy	$70.67
	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 ($)
09/05/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	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: 491/889 Rpt: 494/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	Mandelker, Stacy	$70.67
	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 ($)
11/14/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	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: 492/889 Rpt: 495/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Mapes, Christine	$10.00
	6 Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
07/25/2025	Mapes, Christine	$10.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
08/08/2025	Mapes, Christine	$10.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
08/22/2025	Mapes, Christine	$10.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
09/05/2025	Mapes, Christine	$10.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	

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: 493/889 Rpt: 496/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Mapes, Christine Melville, NY 11747	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Mapes, Christine Melville, NY 11747	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Mapes, Christine Melville, NY 11747	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Mapes, Christine Melville, NY 11747	$10.00	MD & Counsel Bond & SI	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Mapes, Christine Melville, NY 11747	$10.00	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: 494/889 Rpt: 497/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Mapes, Christine	$10.00
	6 Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
12/26/2025	Mapes, Christine	$10.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
07/11/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 495/889 Rpt: 498/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Mariani, Leonard **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Mariani, Leonard Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Mariani, Leonard Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Mariani, Leonard Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.46

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mariani, Leonard Contributor address; City; State; Zip Code: Hartford, CT 06183	$38.46

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 496/889 Rpt: 499/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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 Direct Distribution	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Mariani, Leonard	$38.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 497/889 Rpt: 500/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
07/25/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
08/08/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
08/22/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
09/05/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP 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: 498/889 Rpt: 501/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Marino, Mark	$21.36
	6 Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Marino, Mark	$21.36
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Marino, Mark	$21.36
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Marino, Mark	$21.36
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Marino, Mark	$21.36
	Contributor address; City; State; Zip Code Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 499/889 Rpt: 502/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
12/12/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
12/26/2025	Marino, Mark Blue Bell, PA 19422	$21.36	AVP Bond & SI	Travelers Indemnity Co
07/11/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir BSI Financial Institution	Travelers Indemnity Co
07/25/2025	Marshall, Eric Charlotte, NC 28226	$10.00	Managing Dir BSI Financial Institution	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 500/889 Rpt: 503/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Marshall, Eric	$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 BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 501/889 Rpt: 504/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Marshall, Eric	$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 BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Marshall, Eric	$10.00
	Contributor address; City; State; Zip Code Charlotte, NC 28226	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Financial Institution	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 502/889 Rpt: 505/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
07/25/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
08/08/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
08/22/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
09/05/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 503/889 Rpt: 506/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Mathieson, Travis	$41.35
	6 Contributor address; City; State; Zip Code Hudson, MA 01749	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Mathieson, Travis	$41.35
	Contributor address; City; State; Zip Code Hudson, MA 01749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Mathieson, Travis	$41.35
	Contributor address; City; State; Zip Code Hudson, MA 01749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Mathieson, Travis	$41.35
	Contributor address; City; State; Zip Code Hudson, MA 01749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer CAG Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Mathieson, Travis	$41.35
	Contributor address; City; State; Zip Code Hudson, MA 01749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP UW Officer CAG Property	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 504/889 Rpt: 507/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
12/12/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
12/26/2025	Mathieson, Travis Hudson, MA 01749	$41.35	AVP UW Officer CAG Property	Travelers Indemnity Co
10/03/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co
10/17/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 505/889 Rpt: 508/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co
11/14/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co
11/28/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co
12/12/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co
12/26/2025	Mattiello, Todd Hartford, CT 06183	$76.44	VP National Accounts Client Services G	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 506/889 Rpt: 509/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Matzkevich, Gregory	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
07/25/2025	Matzkevich, Gregory	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
08/08/2025	Matzkevich, Gregory	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
08/22/2025	Matzkevich, Gregory	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
09/05/2025	Matzkevich, Gregory	Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 507/889 Rpt: 510/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Matzkevich, Gregory	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): UW Director Construction Surety	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Matzkevich, Gregory	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Construction Surety	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Matzkevich, Gregory	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Construction Surety	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Matzkevich, Gregory	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Construction Surety	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Matzkevich, Gregory	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): UW Director Construction Surety	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: 508/889 Rpt: 511/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Matzkevich, Gregory Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
12/26/2025	Matzkevich, Gregory Hartford, CT 06183	$10.00	UW Director Construction Surety	Travelers Indemnity Co
07/11/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
07/25/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
08/08/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 509/889 Rpt: 512/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	McAteer, Ryan	$15.00
	6 Contributor address; City; State; Zip Code: St. Louis, MO 63146	
8 Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	McAteer, Ryan	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	McAteer, Ryan	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	McAteer, Ryan	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	McAteer, Ryan	$15.00
	Contributor address; City; State; Zip Code: St. Louis, MO 63146	
Principal occupation / Job title (See Instructions): Regional Executive Ent Distribution Mg	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: 510/889 Rpt: 513/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
11/28/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
12/12/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
12/26/2025	McAteer, Ryan St. Louis, MO 63146	$15.00	Regional Executive Ent Distribution Mg	Travelers Indemnity Co
07/11/2025	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: 511/889 Rpt: 514/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	McBrien, Peter Hartford, CT 06183	$42.79	VP Circle Lead	Travelers Indemnity Co
08/08/2025	McBrien, Peter Hartford, CT 06183	$42.79	VP Circle Lead	Travelers Indemnity Co
08/22/2025	McBrien, Peter Hartford, CT 06183	$42.79	VP Circle Lead	Travelers Indemnity Co
09/05/2025	McBrien, Peter Hartford, CT 06183	$42.79	VP Circle Lead	Travelers Indemnity Co
09/18/2025	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: 512/889 Rpt: 515/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	McBrien, Peter	$42.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Circle Lead	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	McBrien, Peter	$42.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Circle Lead	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	McBrien, Peter	$42.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Circle Lead	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	McBrien, Peter	$42.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Circle Lead	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	McBrien, Peter	$42.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Circle Lead	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 513/889 Rpt: 516/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	McBrien, Peter	$42.79
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	McBrien, Peter	$42.79
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Circle Lead	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 514/889 Rpt: 517/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	McCormack, Karen Hebron, CT 62481	$16.66	AVP Complex Claim Liability Specialist	Travelers Indemnity Co
09/05/2025	McCormack, Karen Hebron, CT 62481	$16.66	AVP Complex Claim Liability Specialist	Travelers Indemnity Co
09/18/2025	McCormack, Karen Hebron, CT 62481	$16.66	AVP Complex Claim Liability Specialist	Travelers Indemnity Co
10/03/2025	McCormack, Karen Hebron, CT 62481	$16.66	AVP Complex Claim Liability Specialist	Travelers Indemnity Co
10/17/2025	McCormack, Karen Hebron, CT 62481	$16.66	AVP Complex Claim Liability Specialist	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 515/889 Rpt: 518/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	McCormack, Karen	$16.66
	6 Contributor address; City; State; Zip Code: Hebron, CT 62481	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	McCormack, Karen	$16.66
	Contributor address; City; State; Zip Code: Hebron, CT 62481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability Specialist	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	McGuire, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer 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: 516/889 Rpt: 519/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	McGuire, Tracy	$10.00
	6 Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Officer Comm Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	McGuire, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Comm Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	McGuire, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Comm Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	McGuire, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer Comm Accts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	McGuire, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hendersonville, NC 28739	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer 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: 517/889 Rpt: 520/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer Comm Accts	Travelers Indemnity Co
10/17/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer Comm Accts	Travelers Indemnity Co
11/14/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer Comm Accts	Travelers Indemnity Co
11/28/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer Comm Accts	Travelers Indemnity Co
12/12/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer 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: 518/889 Rpt: 521/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	McGuire, Tracy Hendersonville, NC 28739	$10.00	UW Officer Comm Accts	Travelers Indemnity Co
07/11/2025	McPadden, Michael Tampa, FL 33609	$40.58	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
07/25/2025	McPadden, Michael Tampa, FL 33609	$40.58	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
08/08/2025	McPadden, Michael Tampa, FL 33609	$40.58	AVP Claim Prod Dev&Strat	Travelers Indemnity Co
08/22/2025	McPadden, Michael Tampa, FL 33609	$40.58	AVP 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: 519/889 Rpt: 522/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	McPadden, Michael	$40.58
	6 Contributor address; City; State; Zip Code: Tampa, FL 33609	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	McPadden, Michael	$20.29
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	McPadden, Michael	$40.58
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	McPadden, Michael	$37.35
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	McPadden, Michael	$36.54
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 520/889 Rpt: 523/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	McPadden, Michael	$36.54
	6 Contributor address; City; State; Zip Code: Tampa, FL 33609	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	McPadden, Michael	$36.54
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	McPadden, Michael	$36.54
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	McPadden, Michael	$36.54
	Contributor address; City; State; Zip Code: Tampa, FL 33609	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	McPhee, Scott	$40.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 521/889 Rpt: 524/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	McPhee, Scott **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 522/889 Rpt: 525/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	McPhee, Scott **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Actuarial & Analytics	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	McPhee, Scott Contributor address; City; State; Zip Code Hartford, CT 06183	$40.54

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 523/889 Rpt: 526/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	McPhee, Scott Hartford, CT 06183	$40.54	AVP Actuarial & Analytics	Travelers Indemnity Co
12/26/2025	McPhee, Scott Hartford, CT 06183	$40.54	AVP Actuarial & Analytics	Travelers Indemnity Co
07/11/2025	Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
07/25/2025	Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
08/08/2025	Meehan, Jessica Hartford, CT 06183	$24.04	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: 524/889 Rpt: 527/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Meehan, Jessica **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$24.04

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 ($)
09/05/2025	Meehan, Jessica Contributor address; City; State; Zip Code Hartford, CT 06183	$24.04

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 ($)
09/18/2025	Meehan, Jessica Contributor address; City; State; Zip Code Hartford, CT 06183	$24.04

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 ($)
10/03/2025	Meehan, Jessica Contributor address; City; State; Zip Code Hartford, CT 06183	$24.04

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 ($)
10/17/2025	Meehan, Jessica Contributor address; City; State; Zip Code Hartford, CT 06183	$24.04

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: 525/889 Rpt: 528/894

2 FILER 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)
10/31/2025	☐ out-of-state PAC (ID#:_____) Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
12/12/2025	☐ out-of-state PAC (ID#:_____) Meehan, Jessica Hartford, CT 06183	$24.04	VP Human Resources	Travelers Indemnity Co
12/26/2025	☐ out-of-state PAC (ID#:_____) Meehan, Jessica Hartford, CT 06183	$24.04	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: 526/889 Rpt: 529/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
08/08/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	Meintjes, Johannes Richardson, TX 75081	$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: 527/889 Rpt: 530/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
10/17/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
11/14/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
11/28/2025	Meintjes, Johannes Richardson, TX 75081	$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: 528/889 Rpt: 531/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
12/26/2025	Meintjes, Johannes Richardson, TX 75081	$15.00	RVP Bond & SI	Travelers Indemnity Co
07/11/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
07/25/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
08/08/2025	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: 529/889 Rpt: 532/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 530/889 Rpt: 533/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
11/28/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
12/12/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
12/26/2025	Melillo, Lisa Hartford, CT 06183	$50.00	Group General Counsel	Travelers Indemnity Co
07/11/2025	Messner, George Hartford, CT 06183	$86.54	VP Value Stream Lead BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 531/889 Rpt: 534/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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)
VP Value Stream Lead BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$86.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$86.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$86.54

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$89.42

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 532/889 Rpt: 535/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Messner, George **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$92.31

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$92.31

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$92.31

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$92.31

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Messner, George Contributor address; City; State; Zip Code: Hartford, CT 06183	$92.31

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 533/889 Rpt: 536/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Messner, George Hartford, CT 06183	$92.31	VP Value Stream Lead BSI	Travelers Indemnity Co
12/26/2025	Messner, George Hartford, CT 06183	$92.31	VP Value Stream Lead BSI	Travelers Indemnity Co
07/11/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
07/25/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
08/08/2025	Miletti, John Hartford, CT 06183	$78.61	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: 534/889 Rpt: 537/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
09/05/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
09/18/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
10/03/2025	Miletti, John Hartford, CT 06183	$78.61	VP Gov't Relations	Travelers Indemnity Co
10/17/2025	Miletti, John Hartford, CT 06183	$78.61	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: 535/889 Rpt: 538/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	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 Gov't Relations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

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 ($)
11/28/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

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 ($)
12/12/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

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 ($)
12/26/2025	Miletti, John Contributor address; City; State; Zip Code Hartford, CT 06183	$78.61

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: 536/889 Rpt: 539/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
07/25/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
08/08/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
08/22/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
09/05/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 537/889 Rpt: 540/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
10/03/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
10/17/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
10/31/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co
11/14/2025	Miley, Robert Hartford, CT 06183	$140.38	SVP SRG	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 538/889 Rpt: 541/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Miley, Robert Hartford, CT 06183	$140.38

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Miley, Robert Hartford, CT 06183	$140.38

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Miley, Robert Hartford, CT 06183	$140.38

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Mills, Timothy Centennial, CO 80112	$64.62

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Mills, Timothy Centennial, CO 80112	$64.62

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: 539/889 Rpt: 542/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
08/22/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
09/05/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
09/18/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
10/03/2025	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: 540/889 Rpt: 543/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
10/31/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
11/14/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
11/28/2025	Mills, Timothy Centennial, CO 80112	$64.62	RVP SRG	Travelers Indemnity Co
12/12/2025	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: 541/889 Rpt: 544/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 542/889 Rpt: 545/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Minietti, Heather Hartford, CT 06183	$40.38	AVP Human Resources	Travelers Indemnity Co
09/18/2025	Minietti, Heather Hartford, CT 06183	$40.38	AVP Human Resources	Travelers Indemnity Co
10/03/2025	Minietti, Heather Hartford, CT 06183	$40.38	AVP Human Resources	Travelers Indemnity Co
10/17/2025	Minietti, Heather Hartford, CT 06183	$40.38	AVP Human Resources	Travelers Indemnity Co
10/31/2025	Minietti, Heather Hartford, CT 06183	$40.38	AVP 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: 543/889 Rpt: 546/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Minietti, Heather	$40.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Human Resources	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Minietti, Heather	$40.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Human Resources	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Minoux, Marshall	$23.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP President PCA	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: 544/889 Rpt: 547/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Minoux, Marshall	$23.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP President PCA	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Minoux, Marshall	$23.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Minoux, Marshall	$23.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Minoux, Marshall	$23.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Minoux, Marshall	$23.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP President PCA	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: 545/889 Rpt: 548/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Minoux, Marshall **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$23.85
8 Principal occupation / Job title (See Instructions): VP President PCA	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183	$23.85
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183	$24.50
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183	$25.48
Principal occupation / Job title (See Instructions): VP President PCA	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Minoux, Marshall Contributor address; City; State; Zip Code Hartford, CT 06183	$25.48
Principal occupation / Job title (See Instructions): VP President PCA	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: 546/889 Rpt: 549/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Minoux, Marshall	$25.48
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Minoux, Marshall	$25.48
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP President PCA	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Mitchell, Jonathan	$16.44
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Mitchell, Jonathan	$16.44
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Mitchell, Jonathan	$16.72
	Contributor address; City; State; Zip Code: Knoxville, TN 37932	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 547/889 Rpt: 550/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
09/05/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
09/18/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
10/03/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
10/17/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 548/889 Rpt: 551/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
11/14/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
11/28/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
12/12/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co
12/26/2025	Mitchell, Jonathan Knoxville, TN 37932	$19.23	VP PI Service Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 549/889 Rpt: 552/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Modgil, Girish	$20.00
	6 Contributor address; City; State; Zip Code Atlanta, GA 30308	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 550/889 Rpt: 553/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Modgil, Girish	$20.00
	6 Contributor address; City; State; Zip Code: Atlanta, GA 30308	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Modgil, Girish	$20.00
	Contributor address; City; State; Zip Code: Atlanta, GA 30308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief AI Officer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Montanari, Elise	$72.12
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Data & Analytics PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Montanari, Elise	$72.12
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Data & Analytics PI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 551/889 Rpt: 554/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Montanari, Elise	$72.12
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Data & Analytics PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 552/889 Rpt: 555/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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)
SVP Operations PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 553/889 Rpt: 556/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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)
SVP Operations PI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Montgomery-Baisden, Elaine	$100.96
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code: Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 554/889 Rpt: 557/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Montville, Sandra	$20.72
	6 Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
08/08/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
08/22/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
09/05/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
09/18/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 555/889 Rpt: 558/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Montville, Sandra	$20.72
	6 Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
10/17/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
10/31/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
11/14/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

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 ($)
11/28/2025	Montville, Sandra	$20.72
	Contributor address; City; State; Zip Code Centennial, CO 80112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 556/889 Rpt: 559/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Montville, Sandra Centennial, CO 80112	$20.72	Managing Counsel	Travelers Indemnity Co
12/26/2025	Montville, Sandra Centennial, CO 80112	$20.72	Managing Counsel	Travelers Indemnity Co
07/11/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
07/25/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
08/08/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 557/889 Rpt: 560/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
09/05/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
09/18/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
10/03/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co
10/17/2025	Moore, Jennifer Flowood, MS 39232	$25.00	Regional UW Officer Construction Suret	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 558/889 Rpt: 561/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Moore, Jennifer	$25.00
	6 Contributor address; City; State; Zip Code: Flowood, MS 39232	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regional UW Officer Construction Suret	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Moore, Jennifer	$25.00
	Contributor address; City; State; Zip Code: Flowood, MS 39232	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Construction Suret	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Moore, Jennifer	$25.00
	Contributor address; City; State; Zip Code: Flowood, MS 39232	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Construction Suret	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Moore, Jennifer	$25.00
	Contributor address; City; State; Zip Code: Flowood, MS 39232	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Construction Suret	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 559/889 Rpt: 562/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Morgan, Lisa	$78.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres 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: 560/889 Rpt: 563/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Morgan, Lisa	$78.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres 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: 561/889 Rpt: 564/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Morgan, Lisa	$78.08
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Morgan, Lisa	$78.08
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Pres Const Energy Marine	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Morosanu, Kimberly	$44.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP BSI Claim Strategic Initiatives	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Morosanu, Kimberly	$44.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP BSI Claim Strategic Initiatives	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Morosanu, Kimberly	$44.81
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP BSI Claim Strategic Initiatives	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: 562/889 Rpt: 565/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Morosanu, Kimberly Hartford, CT 06183	$44.81	AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co
09/05/2025	Morosanu, Kimberly Hartford, CT 06183	$44.81	AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co
09/18/2025	Morosanu, Kimberly Hartford, CT 06183	$44.81	AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co
10/03/2025	Morosanu, Kimberly Hartford, CT 06183	$44.81	AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co
10/17/2025	Morosanu, Kimberly Hartford, CT 06183	$44.81	AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 563/889 Rpt: 566/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Morosanu, Kimberly **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$44.81

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Morosanu, Kimberly Contributor address; City; State; Zip Code Hartford, CT 06183	$44.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Morosanu, Kimberly Contributor address; City; State; Zip Code Hartford, CT 06183	$44.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Morosanu, Kimberly Contributor address; City; State; Zip Code Hartford, CT 06183	$44.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Morosanu, Kimberly Contributor address; City; State; Zip Code Hartford, CT 06183	$44.81

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP BSI Claim Strategic Initiatives	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 564/889 Rpt: 567/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
07/25/2025	Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
08/08/2025	Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
08/22/2025	Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
09/05/2025	Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 565/889 Rpt: 568/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 566/889 Rpt: 569/894

2 FILER 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)
12/12/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
12/26/2025	☐ out-of-state PAC (ID#:_____) Mounds, Marissa Hartford, CT 06183	$30.00	AVP Product Mgmt	Travelers Indemnity Co
07/11/2025	☐ out-of-state PAC (ID#:_____) Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
07/25/2025	☐ out-of-state PAC (ID#:_____) Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 567/889 Rpt: 570/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
09/05/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
09/18/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
10/03/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
10/17/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 568/889 Rpt: 571/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
11/14/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
11/28/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
12/12/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co
12/26/2025	Mouthaan, Lisa Hartford, CT 06183	$44.44	VP Finance Accounting Ops	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 569/889 Rpt: 572/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Mulcahy, Ann **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Mulcahy, Ann Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Mulcahy, Ann Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Mulcahy, Ann Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Mulcahy, Ann Contributor address; City; State; Zip Code: Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 570/889 Rpt: 573/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Mulcahy, Ann **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Mulcahy, Ann Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Mulcahy, Ann Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Mulcahy, Ann Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Mulcahy, Ann Contributor address; City; State; Zip Code Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 571/889 Rpt: 574/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Mulcahy, Ann Hartford, CT 06183	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Mulcahy, Ann Hartford, CT 06183	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Mulligan, Michael Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Hd Select CW UW	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Mulligan, Michael Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Hd Select CW UW	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Mulligan, Michael Hartford, CT 06183	$24.52

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Hd Select CW UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 572/889 Rpt: 575/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Mulligan, Michael Hartford, CT 06183	$24.52	Business Center Hd Select CW UW	Travelers Indemnity Co
09/05/2025	Mulligan, Michael Hartford, CT 06183	$24.52	Business Center Hd Select CW UW	Travelers Indemnity Co
09/18/2025	Mulligan, Michael Hartford, CT 06183	$24.52	Business Center Hd Select CW UW	Travelers Indemnity Co
10/03/2025	Mulligan, Michael Hartford, CT 06183	$24.52	Business Center Hd Select CW UW	Travelers Indemnity Co
10/17/2025	Mulligan, Michael Hartford, CT 06183	$24.52	Business Center Hd Select CW UW	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 573/889 Rpt: 576/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Mulligan, Michael **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$25.96
8 Principal occupation / Job title (See Instructions): Business Center Hd Select CW UW	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Mulligan, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$25.96
Principal occupation / Job title (See Instructions): Business Center Hd Select CW UW	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Mulligan, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$25.96
Principal occupation / Job title (See Instructions): Business Center Hd Select CW UW	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Mulligan, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$25.96
Principal occupation / Job title (See Instructions): Business Center Hd Select CW UW	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Mulligan, Michael Contributor address; City; State; Zip Code Hartford, CT 06183	$25.96
Principal occupation / Job title (See Instructions): Business Center Hd Select CW UW	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: 574/889 Rpt: 577/894

2 FILER 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)
07/11/2025	Myrick, F Cockeysville, MD 21030	$62.88	RVP SRG	Travelers Indemnity Co
07/25/2025	Myrick, F Cockeysville, MD 21030	$62.88	RVP SRG	Travelers Indemnity Co
08/08/2025	Myrick, F Cockeysville, MD 21030	$62.88	RVP SRG	Travelers Indemnity Co
08/22/2025	Myrick, F Cockeysville, MD 21030	$62.88	RVP SRG	Travelers Indemnity Co
09/05/2025	Myrick, F Cockeysville, MD 21030	$62.88	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: 575/889 Rpt: 578/894

2 FILER 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 ($)
09/18/2025	☐ out-of-state PAC (ID#:_____) Myrick, F Cockeysville, MD 21030	$62.88

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Myrick, F Cockeysville, MD 21030	$62.88

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Myrick, F Cockeysville, MD 21030	$62.88

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/31/2025	☐ out-of-state PAC (ID#:_____) Myrick, F Cockeysville, MD 21030	$62.88

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/14/2025	☐ out-of-state PAC (ID#:_____) Myrick, F Cockeysville, MD 21030	$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: 576/889 Rpt: 579/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Myrick, F	$62.88
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
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 ($)
12/12/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
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 ($)
12/26/2025	Myrick, F	$62.88
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
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 ($)
07/11/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design 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: 577/889 Rpt: 580/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Naeem, Ojala	$18.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Sr Experience Design Director	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design Director	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Sr Experience Design 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: 578/889 Rpt: 581/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	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)
Sr Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Naeem, Ojala	$18.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Experience Design Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 579/889 Rpt: 582/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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)
Sr Experience Design Director	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction 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: 580/889 Rpt: 583/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Nebraska, Paul	$15.00
	6 Contributor address; City; State; Zip Code: Independence, OH 44131	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction 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: 581/889 Rpt: 584/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Nebraska, Paul	$15.00
	6 Contributor address; City; State; Zip Code: Independence, OH 44131	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Nebraska, Paul	$15.00
	Contributor address; City; State; Zip Code: Independence, OH 44131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Construction Surety	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Catastrophe Risk Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Nelson, Eric	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 582/889 Rpt: 585/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
08/22/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
09/05/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
09/18/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
10/03/2025	Nelson, Eric Hartford, CT 06183	$76.92	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: 583/889 Rpt: 586/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
10/31/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
11/14/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
11/28/2025	Nelson, Eric Hartford, CT 06183	$76.92	SVP Catastrophe Risk Mgmt	Travelers Indemnity Co
12/12/2025	Nelson, Eric Hartford, CT 06183	$76.92	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: 584/889 Rpt: 587/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Nelson, Eric	$76.92
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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 ($)
07/25/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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 ($)
08/08/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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 ($)
08/22/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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: 585/889 Rpt: 588/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Nestheide, James	$25.00
	6 Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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 ($)
09/18/2025	Nestheide, James	$25.00
	Contributor address; City; State; Zip Code: Cincinnati, OH 45202	

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 ($)
07/11/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 586/889 Rpt: 589/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Nixon, Christopher	Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
09/05/2025	Nixon, Christopher	Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
09/18/2025	Nixon, Christopher	Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
10/03/2025	Nixon, Christopher	Hartford, CT 06183	$10.00	SVP Field Operations	Travelers Indemnity Co
10/17/2025	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: 587/889 Rpt: 590/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Nixon, Christopher	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Nixon, Christopher	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 588/889 Rpt: 591/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co
08/08/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co
08/22/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co
09/05/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co
09/18/2025	Nordquist, Eric Hartford, CT 06183	$115.38	EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 589/889 Rpt: 592/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Nordquist, Eric	$115.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): EVP & Pres Small Comml Middle Mkt & Na	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Small Comml Middle Mkt & Na	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Small Comml Middle Mkt & Na	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Small Comml Middle Mkt & Na	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): EVP & Pres Small Comml Middle Mkt & Na	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: 590/889 Rpt: 593/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Nordquist, Eric	$115.38
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Nordquist, Eric	$115.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Small Comml Middle Mkt & Na	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Nowlin, Matthew	$16.54
	Contributor address; City; State; Zip Code: Indianapolis, IN 46280	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Excess Cas	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Nowlin, Matthew	$16.54
	Contributor address; City; State; Zip Code: Indianapolis, IN 46280	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AE Dir Excess Cas	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Nowlin, Matthew	$16.54
	Contributor address; City; State; Zip Code: Indianapolis, IN 46280	

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: 591/889 Rpt: 594/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
09/05/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
09/18/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
10/03/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
10/17/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 592/889 Rpt: 595/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
11/14/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
11/28/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
12/12/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co
12/26/2025	Nowlin, Matthew Indianapolis, IN 46280	$16.54	AE Dir Excess Cas	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 593/889 Rpt: 596/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Nunes, Michelle **6** Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 594/889 Rpt: 597/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Nunes, Michelle **6** Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Nunes, Michelle Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	$10.00

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 595/889 Rpt: 598/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Nunes, Michelle	$10.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): AVP Claim Management	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Nunes, Michelle	$10.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): AVP Claim Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	O'Brien, Thomas	$10.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081	
Principal occupation / Job title (See Instructions): AVP 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: 596/889 Rpt: 599/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	O'Brien, Thomas **6** Contributor address; City; State; Zip Code: Richardson, TX 75081	$10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	O'Brien, Thomas Contributor address; City; State; Zip Code: Richardson, TX 75081	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	O'Brien, Thomas Contributor address; City; State; Zip Code: Richardson, TX 75081	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	O'Brien, Thomas Contributor address; City; State; Zip Code: Richardson, TX 75081	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	O'Brien, Thomas Contributor address; City; State; Zip Code: Richardson, TX 75081	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 597/889 Rpt: 600/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	AVP Complex Claim Liability	Travelers Indemnity Co
11/28/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	AVP Complex Claim Liability	Travelers Indemnity Co
12/12/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	AVP Complex Claim Liability	Travelers Indemnity Co
12/26/2025	O'Brien, Thomas Richardson, TX 75081	$10.00	AVP Complex Claim Liability	Travelers Indemnity Co
07/11/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 598/889 Rpt: 601/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
08/08/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
08/22/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
09/05/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
09/18/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 599/889 Rpt: 602/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
10/17/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
10/31/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
11/14/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co
11/28/2025	O'Hern, William Spring Lake, NJ 07762	$57.69	SVP Chief Info Security Officer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 600/889 Rpt: 603/894

2 FILER 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 ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) O'Hern, William Spring Lake, NJ 07762	$57.69

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP Chief Info Security Officer	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) O'Hern, William Spring Lake, NJ 07762	$57.69

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Chief Info Security Officer	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) O'Leary, Robert St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Real Estate Investments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) O'Leary, Robert St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Real Estate Investments	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) O'Leary, Robert St. Paul, MN 55102	$111.49

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Real Estate Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 601/889 Rpt: 604/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/22/2025	O'Leary, Robert St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
09/05/2025	O'Leary, Robert St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
09/18/2025	O'Leary, Robert St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
10/03/2025	O'Leary, Robert St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
10/17/2025	O'Leary, Robert St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 602/889 Rpt: 605/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-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)
10/31/2025	O'Leary, Robert **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
11/14/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
11/28/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
12/12/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co
12/26/2025	O'Leary, Robert Contributor address; City; State; Zip Code St. Paul, MN 55102	$111.49	SVP Real Estate Investments	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 603/889 Rpt: 606/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
07/25/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
08/08/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
08/22/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
09/05/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP 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: 604/889 Rpt: 607/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
10/03/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
10/17/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
10/31/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP Business Development	Travelers Indemnity Co
11/14/2025	Oldakowski, Chester Annandale, NJ 08801	$20.06	AVP 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: 605/889 Rpt: 608/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Oldakowski, Chester	$20.06
	6 Contributor address; City; State; Zip Code: Annandale, NJ 08801	
8 Principal occupation / Job title (See Instructions): AVP Business Development	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Annandale, NJ 08801	
Principal occupation / Job title (See Instructions): AVP Business Development	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Oldakowski, Chester	$20.06
	Contributor address; City; State; Zip Code: Annandale, NJ 08801	
Principal occupation / Job title (See Instructions): AVP Business Development	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Olivo, Maria	$307.69
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP Strat Dev & Pres Int'l	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Olivo, Maria	$307.69
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP Strat Dev & Pres Int'l	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: 606/889 Rpt: 609/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Olivo, Maria	$307.69
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	

8 Principal occupation / Job title (See Instructions)	**9** 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 ($)
08/22/2025	Olivo, Maria	$213.49
	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 ($)
07/11/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 607/889 Rpt: 610/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Olson, Mark Hartford, CT 06183	$72.12	VP ML Strategic Initiatives	Travelers Indemnity Co
09/05/2025	Olson, Mark Hartford, CT 06183	$72.12	VP ML Strategic Initiatives	Travelers Indemnity Co
09/18/2025	Olson, Mark Hartford, CT 06183	$72.12	VP ML Strategic Initiatives	Travelers Indemnity Co
10/03/2025	Olson, Mark Hartford, CT 06183	$72.12	VP ML Strategic Initiatives	Travelers Indemnity Co
10/17/2025	Olson, Mark Hartford, CT 06183	$72.12	VP ML Strategic Initiatives	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 608/889 Rpt: 611/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Olson, Mark	$72.12
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Olson, Mark	$72.12
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP ML Strategic Initiatives	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 609/889 Rpt: 612/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	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)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
08/08/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
08/22/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
09/05/2025	Olson-Douglas, Lynn	$10.00
	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: 610/889 Rpt: 613/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	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)
VP Human Resources	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
10/17/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
11/14/2025	Olson-Douglas, Lynn	$10.00
	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 ($)
11/28/2025	Olson-Douglas, Lynn	$10.00
	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: 611/889 Rpt: 614/894

2 FILER NAME: The Travelers Companies, Inc. 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)
12/12/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	VP Human Resources	Travelers Indemnity Co
12/26/2025	Olson-Douglas, Lynn Hartford, CT 06183	$10.00	VP Human Resources	Travelers Indemnity Co
07/11/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
07/25/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
08/08/2025	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: 612/889 Rpt: 615/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
09/05/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
09/18/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
10/03/2025	Palmieri, Christine Hartford, CT 06183	$10.00	VP Compliance	Travelers Indemnity Co
10/17/2025	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: 613/889 Rpt: 616/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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: 614/889 Rpt: 617/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Pascale, Christopher	$43.65
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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 ($)
08/08/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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 ($)
08/22/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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 ($)
09/05/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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 ($)
09/18/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	

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: 615/889 Rpt: 618/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Pascale, Christopher	$43.65
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Pascale, Christopher	$43.65
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	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: 616/889 Rpt: 619/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
12/26/2025	Pascale, Christopher Alpharetta, GA 30005	$43.65	RVP Claim	Travelers Indemnity Co
07/11/2025	Paul, Cameron Hartford, CT 06183	$20.00	AVP Data Engineering	Travelers Indemnity Co
07/25/2025	Paul, Cameron Hartford, CT 06183	$20.00	AVP Data Engineering	Travelers Indemnity Co
08/08/2025	Paul, Cameron Hartford, CT 06183	$20.00	AVP Data Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 617/889 Rpt: 620/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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)
AVP Data Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Data Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Data Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Data Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Data Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 618/889 Rpt: 621/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Paul, Cameron	$20.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Data Engineering	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Data Engineering	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Data Engineering	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Paul, Cameron	$20.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Data Engineering	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP BI Operations and BPM	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: 619/889 Rpt: 622/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	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)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 620/889 Rpt: 623/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 621/889 Rpt: 624/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Paul, Denice	$63.46
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP BI Operations and BPM	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Pearson, John	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Pearson, John	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Private Non-Profit	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Pearson, John	$86.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 622/889 Rpt: 625/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
09/05/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
09/18/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
10/03/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
10/17/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 623/889 Rpt: 626/894

2 FILER NAME: The Travelers Companies, Inc. 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)
10/31/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
11/14/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
11/28/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
12/12/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co
12/26/2025	Pearson, John Hartford, CT 06183	$86.54	VP Private Non-Profit	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 624/889 Rpt: 627/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	VP PI Financial Services	Travelers Indemnity Co
07/25/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	VP PI Financial Services	Travelers Indemnity Co
08/08/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	VP PI Financial Services	Travelers Indemnity Co
08/22/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	VP PI Financial Services	Travelers Indemnity Co
09/05/2025	Pedersen, Pollyalice Hartford, CT 06183	$41.35	VP PI Financial Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 625/889 Rpt: 628/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Pedersen, Pollyalice	$41.35
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Pedersen, Pollyalice	$41.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Pedersen, Pollyalice	$41.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Pedersen, Pollyalice	$41.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Pedersen, Pollyalice	$41.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 626/889 Rpt: 629/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Pedersen, Pollyalice	$41.35
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Pedersen, Pollyalice	$41.35
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Pedersen, Pollyalice	$36.44
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP PI Financial Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Penn, Timothy	$39.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Property Large Loss	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Penn, Timothy	$39.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 627/889 Rpt: 630/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
08/22/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
09/05/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
09/18/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
10/03/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP 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: 628/889 Rpt: 631/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
10/31/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
11/14/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
11/28/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP Property Large Loss	Travelers Indemnity Co
12/12/2025	Penn, Timothy Hartford, CT 06183	$39.13	AVP 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: 629/889 Rpt: 632/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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)
AVP Property Large Loss	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 630/889 Rpt: 633/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Pfinsgraff, Martin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$153.85

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Pfinsgraff, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	$153.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Pfinsgraff, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	$153.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pfinsgraff, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	$153.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Pfinsgraff, Martin Contributor address; City; State; Zip Code Hartford, CT 06183	$153.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP Product Management BI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 631/889 Rpt: 634/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Pfinsgraff, Martin	$153.85
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP Product Management BI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Product Management BI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Product Management BI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Pfinsgraff, Martin	$153.85
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP Product Management BI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	
Principal occupation / Job title (See Instructions): Business Center Head Select	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: 632/889 Rpt: 635/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co
08/08/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co
08/22/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co
09/05/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co
09/18/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 633/889 Rpt: 636/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Phillips, Brad	$10.00
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Center Head Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Head Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Head Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Head Select	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Phillips, Brad	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Center Head Select	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 634/889 Rpt: 637/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Phillips, Brad Cockeysville, MD 21030	$10.00	Business Center Head Select	Travelers Indemnity Co
07/11/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
07/25/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
08/08/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
08/22/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr 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: 635/889 Rpt: 638/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
09/18/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
10/03/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
10/17/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr Dir Agile Product Owner	Travelers Indemnity Co
11/14/2025	Phillips, Kenneth Alpharetta, GA 30005	$10.00	Sr 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: 636/889 Rpt: 639/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Phillips, Kenneth	$10.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Phillips, Kenneth	$10.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Phillips, Kenneth	$10.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
07/11/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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: 637/889 Rpt: 640/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Plemons, Alison Lake Oswego, OR 97035	$6.25	Dir Human Resources-Field	Travelers Indemnity Co
07/11/2025	Plemons, Alison Lake Oswego, OR 97035	$15.00	Dir Human Resources-Field	Travelers Indemnity Co
07/11/2025	Plemons, Alison Lake Oswego, OR 97035	$5.00	Dir Human Resources-Field	Travelers Indemnity Co
07/11/2025	Plemons, Alison Lake Oswego, OR 97035	$5.00	Dir Human Resources-Field	Travelers Indemnity Co
07/11/2025	Plemons, Alison Lake Oswego, OR 97035	$18.27	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: 638/889 Rpt: 641/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Plemons, Alison	$10.00
	6 Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Human Resources-Field	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Plemons, Alison	$10.00
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
07/25/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
08/08/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
08/22/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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: 639/889 Rpt: 642/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Plemons, Alison	$15.87
	6 Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Human Resources-Field	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
10/03/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
10/17/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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 ($)
10/31/2025	Plemons, Alison	$15.87
	Contributor address; City; State; Zip Code: Lake Oswego, OR 97035	

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: 640/889 Rpt: 643/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Plemons, Alison Lake Oswego, OR 97035	$15.87	Dir Human Resources-Field	Travelers Indemnity Co
11/28/2025	Plemons, Alison Lake Oswego, OR 97035	$15.87	Dir Human Resources-Field	Travelers Indemnity Co
12/12/2025	Plemons, Alison Lake Oswego, OR 97035	$15.87	Dir Human Resources-Field	Travelers Indemnity Co
12/26/2025	Plemons, Alison Lake Oswego, OR 97035	$15.87	Dir Human Resources-Field	Travelers Indemnity Co
11/28/2025	Popovitch, Amber Hartford, CT 06183	$83.65	VP Actuarial & Analytics I	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 641/889 Rpt: 644/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Popovitch, Amber	$83.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Actuarial & Analytics I	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Popovitch, Amber	$83.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Actuarial & Analytics I	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 642/889 Rpt: 645/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Porcello, Suzanne	$34.13
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & CFO Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Porcello, Suzanne	$34.13
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO 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: 643/889 Rpt: 646/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	SVP & CFO Claim	Travelers Indemnity Co
11/14/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	SVP & CFO Claim	Travelers Indemnity Co
11/28/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	SVP & CFO Claim	Travelers Indemnity Co
12/12/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	SVP & CFO Claim	Travelers Indemnity Co
12/26/2025	Porcello, Suzanne Hartford, CT 06183	$34.13	SVP & CFO Claim	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 644/889 Rpt: 647/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Poriss, Jason	$25.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Generative AI Business Strategy	**9** Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Generative AI Business Strategy	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Generative AI Business Strategy	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Generative AI Business Strategy	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Generative AI Business Strategy	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: 645/889 Rpt: 648/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Poriss, Jason	$25.00
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Poriss, Jason	$25.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Generative AI Business Strategy	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 646/889 Rpt: 649/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Generative AI Business Strategy	Travelers Indemnity Co
12/26/2025	Poriss, Jason Hartford, CT 06183	$25.00	VP Generative AI Business Strategy	Travelers Indemnity Co
07/11/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
07/25/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
08/08/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP 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: 647/889 Rpt: 650/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
09/05/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
09/18/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
10/03/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
10/17/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP 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: 648/889 Rpt: 651/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
11/28/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
12/12/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
12/26/2025	Powers, Michael Chicago, IL 60601	$10.00	RVP National Property	Travelers Indemnity Co
07/11/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	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: 649/889 Rpt: 652/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
08/08/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
08/22/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
09/05/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
09/18/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	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: 650/889 Rpt: 653/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Quinn, Robert	$38.27
	6 Contributor address; City; State; Zip Code: Lanoka Harbor, NJ 08734	

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 ($)
10/17/2025	Quinn, Robert	$38.27
	Contributor address; City; State; Zip Code: Lanoka Harbor, NJ 08734	

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 ($)
10/31/2025	Quinn, Robert	$38.27
	Contributor address; City; State; Zip Code: Lanoka Harbor, NJ 08734	

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 ($)
11/14/2025	Quinn, Robert	$38.27
	Contributor address; City; State; Zip Code: Lanoka Harbor, NJ 08734	

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 ($)
11/28/2025	Quinn, Robert	$38.27
	Contributor address; City; State; Zip Code: Lanoka Harbor, NJ 08734	

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: 651/889 Rpt: 654/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
12/26/2025	Quinn, Robert Lanoka Harbor, NJ 08734	$38.27	Sales Director Select	Travelers Indemnity Co
07/11/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
07/25/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
08/08/2025	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: 652/889 Rpt: 655/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
09/05/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
09/18/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
10/03/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
10/17/2025	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: 653/889 Rpt: 656/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
11/28/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
12/12/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
12/26/2025	Raarup, Thor St. Paul, MN 55102	$25.00	SVP Portfolio Mgmt	Travelers Indemnity Co
07/11/2025	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: 654/889 Rpt: 657/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
08/08/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
08/22/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
09/05/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
09/18/2025	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: 655/889 Rpt: 658/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
10/17/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
10/31/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
11/14/2025	Rackliffe, Heather Farmington, CT 06032	$27.50	Sr. Bus. Systems Consultant	Travelers Indemnity Co
11/28/2025	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: 656/889 Rpt: 659/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Rackliffe, Heather	$27.50
	6 Contributor address; City; State; Zip Code: Farmington, CT 06032	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr. Bus. Systems Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Rackliffe, Heather	$27.50
	Contributor address; City; State; Zip Code: Farmington, CT 06032	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Bus. Systems Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Ramalho, Sean	$122.60
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 657/889 Rpt: 660/894

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

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Ramalho, Sean New York City, NY 10017	$122.60	EVP Enterprise Dist Mgmt	Travelers Indemnity Co
09/05/2025	Ramalho, Sean New York City, NY 10017	$122.60	EVP Enterprise Dist Mgmt	Travelers Indemnity Co
09/18/2025	Ramalho, Sean New York City, NY 10017	$122.60	EVP Enterprise Dist Mgmt	Travelers Indemnity Co
10/03/2025	Ramalho, Sean New York City, NY 10017	$122.60	EVP Enterprise Dist Mgmt	Travelers Indemnity Co
10/17/2025	Ramalho, Sean New York City, NY 10017	$122.60	EVP Enterprise Dist Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 658/889 Rpt: 661/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Ramalho, Sean **6** Contributor address; City; State; Zip Code New York City, NY 10017	$122.60

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Ramalho, Sean Contributor address; City; State; Zip Code New York City, NY 10017	$122.60

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Ramalho, Sean Contributor address; City; State; Zip Code New York City, NY 10017	$122.60

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Ramalho, Sean Contributor address; City; State; Zip Code New York City, NY 10017	$122.60

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Ramalho, Sean Contributor address; City; State; Zip Code New York City, NY 10017	$122.60

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP Enterprise Dist Mgmt	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 659/889 Rpt: 662/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
07/25/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
08/08/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
08/22/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
09/05/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc 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: 660/889 Rpt: 663/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Ramos, Steven	$18.56
	6 Contributor address; City; State; Zip Code Richardson, TX 75081	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Ramos, Steven	$18.56
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Ramos, Steven	$18.56
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Ramos, Steven	$18.56
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Managing Counsel Claim	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Ramos, Steven	$18.56
	Contributor address; City; State; Zip Code Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 661/889 Rpt: 664/894

2 FILER NAME: The Travelers Companies, Inc. 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)
11/28/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
12/12/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
12/26/2025	Ramos, Steven Richardson, TX 75081	$18.56	Assoc Managing Counsel Claim	Travelers Indemnity Co
07/11/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
07/25/2025	Rawlings, Stacey Wyomissing, PA 19610	$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: 662/889 Rpt: 665/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/08/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
08/22/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
09/05/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
09/18/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
10/03/2025	Rawlings, Stacey Wyomissing, PA 19610	$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: 663/889 Rpt: 666/894

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

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Rawlings, Stacey	$49.23
	6 Contributor address; City; State; Zip Code Wyomissing, PA 19610	

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 ($)
10/31/2025	Rawlings, Stacey	$49.23
	Contributor address; City; State; Zip Code Wyomissing, PA 19610	

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 ($)
11/14/2025	Rawlings, Stacey	$49.23
	Contributor address; City; State; Zip Code Wyomissing, PA 19610	

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 ($)
11/28/2025	Rawlings, Stacey	$49.23
	Contributor address; City; State; Zip Code Wyomissing, PA 19610	

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 ($)
12/12/2025	Rawlings, Stacey	$49.23
	Contributor address; City; State; Zip Code Wyomissing, PA 19610	

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: 664/889 Rpt: 667/894

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

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Rawlings, Stacey Wyomissing, PA 19610	$49.23	RVP Select & BI Fld Sls & Dst	Travelers Indemnity Co
07/11/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
07/25/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
08/08/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
08/22/2025	Reagin, Tammy Richmond, VA 23233	$25.48	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: 665/889 Rpt: 668/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
09/18/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
10/03/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
10/17/2025	Reagin, Tammy Richmond, VA 23233	$25.48	Dir Cash Control	Travelers Indemnity Co
10/31/2025	Reagin, Tammy Richmond, VA 23233	$25.48	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: 666/889 Rpt: 669/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Reagin, Tammy	$25.48
	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 ($)
11/28/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Reimer, Raymond	$50.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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: 667/889 Rpt: 670/894

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

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Reimer, Raymond	Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
08/08/2025	Reimer, Raymond	Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
08/22/2025	Reimer, Raymond	Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
09/05/2025	Reimer, Raymond	Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
09/18/2025	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: 668/889 Rpt: 671/894

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

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
10/17/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
11/14/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
11/28/2025	Reimer, Raymond Hartford, CT 06183	$50.00	SVP & Chief Actuary Bond & SI	Travelers Indemnity Co
12/12/2025	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: 669/889 Rpt: 672/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Reljac, Daniel	$22.88
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
07/25/2025	Reljac, Daniel	$22.88
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
08/08/2025	Reljac, Daniel	$22.88
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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 ($)
08/22/2025	Reljac, Daniel	$22.88
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

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: 670/889 Rpt: 673/894

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

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
09/18/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
10/03/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
10/17/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
10/31/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	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: 671/889 Rpt: 674/894

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

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
11/28/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
12/12/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
12/26/2025	Reljac, Daniel Alpharetta, GA 30005	$22.88	RVP Commercial Accounts	Travelers Indemnity Co
07/11/2025	Revett, Cara Hartford, CT 06183	$138.65	SVP and Chief Auditor	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 672/889 Rpt: 675/894

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

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP and Chief Auditor	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 673/889 Rpt: 676/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Revett, Cara	$138.65
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP and Chief Auditor	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP and Chief Auditor	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP and Chief Auditor	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP and Chief Auditor	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP and Chief Auditor	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: 674/889 Rpt: 677/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Revett, Cara	$138.65
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP and Chief Auditor	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	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: 675/889 Rpt: 678/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
09/05/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
09/18/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
10/03/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
10/17/2025	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: 676/889 Rpt: 679/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
11/28/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
12/12/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
12/26/2025	Reynolds, Michael Hartford, CT 06183	$50.00	VP Actuarial & Analytics II	Travelers Indemnity Co
07/11/2025	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: 677/889 Rpt: 680/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Rich, Ryan	$19.23
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): Fxd Inc Sr Managing Analyst	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Rich, Ryan	$19.23
	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 ($)
08/22/2025	Rich, Ryan	$19.23
	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 ($)
09/05/2025	Rich, Ryan	$19.23
	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 ($)
09/18/2025	Rich, Ryan	$19.23
	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: 678/889 Rpt: 681/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
10/17/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
10/31/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
11/14/2025	Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
11/28/2025	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: 679/889 Rpt: 682/894

2 FILER 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)
12/12/2025	☐ out-of-state PAC (ID#:_____) Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
12/26/2025	☐ out-of-state PAC (ID#:_____) Rich, Ryan St. Paul, MN 55102	$19.23	Fxd Inc Sr Managing Analyst	Travelers Indemnity Co
07/11/2025	☐ out-of-state PAC (ID#:_____) Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
07/25/2025	☐ out-of-state PAC (ID#:_____) Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
08/08/2025	☐ out-of-state PAC (ID#:_____) 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: 680/889 Rpt: 683/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
09/05/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
09/18/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
10/03/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
10/17/2025	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: 681/889 Rpt: 684/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
11/14/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
11/28/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
12/12/2025	Rim, Jean Hartford, CT 06183	$80.77	VP Employee Relations	Travelers Indemnity Co
12/26/2025	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: 682/889 Rpt: 685/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Rodliff, Erin	$178.85
	6 Contributor address; City; State; Zip Code: Winchester, MA 01890	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 683/889 Rpt: 686/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Rodliff, Erin **6** Contributor address; City; State; Zip Code Winchester, MA 01890	$178.85

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Rodliff, Erin Contributor address; City; State; Zip Code Winchester, MA 01890	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rodliff, Erin Contributor address; City; State; Zip Code Winchester, MA 01890	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Rodliff, Erin Contributor address; City; State; Zip Code Winchester, MA 01890	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Rodliff, Erin Contributor address; City; State; Zip Code Winchester, MA 01890	$178.85

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 684/889 Rpt: 687/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Rodliff, Erin	$178.85
	6 Contributor address; City; State; Zip Code: Winchester, MA 01890	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Rodliff, Erin	$178.85
	Contributor address; City; State; Zip Code: Winchester, MA 01890	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & President Small Commercial	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Rodrigues, Leon	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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 ($)
07/25/2025	Rodrigues, Leon	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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: 685/889 Rpt: 688/894

2 FILER NAME: The Travelers Companies, Inc. 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)
08/08/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
08/22/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
09/05/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
09/18/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
10/03/2025	Rodrigues, Leon St. Paul, MN 55102	$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: 686/889 Rpt: 689/894

2 FILER NAME: The Travelers Companies, Inc. 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)
10/17/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
11/14/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
11/28/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
12/12/2025	Rodrigues, Leon St. Paul, MN 55102	$10.00	Dir Human Resources-Field	Travelers Indemnity Co
12/26/2025	Rodrigues, Leon St. Paul, MN 55102	$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: 687/889 Rpt: 690/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Roen, Erik **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$46.63
8 Principal occupation / Job title (See Instructions): SVP CIO & Business Intel	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183	$46.63
Principal occupation / Job title (See Instructions): SVP CIO & Business Intel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183	$46.63
Principal occupation / Job title (See Instructions): SVP CIO & Business Intel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183	$46.63
Principal occupation / Job title (See Instructions): SVP CIO & Business Intel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Roen, Erik Contributor address; City; State; Zip Code Hartford, CT 06183	$46.63
Principal occupation / Job title (See Instructions): SVP CIO & Business Intel	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: 688/889 Rpt: 691/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
10/03/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
10/17/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
10/31/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
11/14/2025	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: 689/889 Rpt: 692/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
12/12/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
12/26/2025	Roen, Erik Hartford, CT 06183	$46.63	SVP CIO & Business Intel	Travelers Indemnity Co
07/11/2025	Roger, Kristin Hartford, CT 06183	$10.00	VP Financial Institutions	Travelers Indemnity Co
07/25/2025	Roger, Kristin Hartford, CT 06183	$10.00	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: 690/889 Rpt: 693/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 691/889 Rpt: 694/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Roger, Kristin **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

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 ($)
11/14/2025	Roger, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

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 ($)
11/28/2025	Roger, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

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 ($)
12/12/2025	Roger, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

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 ($)
12/26/2025	Roger, Kristin Contributor address; City; State; Zip Code Hartford, CT 06183	$10.00

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: 692/889 Rpt: 695/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
07/25/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
08/08/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
08/22/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
09/05/2025	Rogers, Timothy Hartford, CT 06183	$20.00	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: 693/889 Rpt: 696/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
10/03/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
10/17/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
11/14/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
11/28/2025	Rogers, Timothy Hartford, CT 06183	$20.00	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: 694/889 Rpt: 697/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
12/26/2025	Rogers, Timothy Hartford, CT 06183	$20.00	SVP CFO & COO Business Ins	Travelers Indemnity Co
07/11/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
07/25/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
08/08/2025	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: 695/889 Rpt: 698/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
09/05/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
09/18/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
10/03/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
10/17/2025	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: 696/889 Rpt: 699/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
11/14/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
11/28/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
12/12/2025	Rohlfing, James Morristown, NJ 07960	$43.27	Managing Counsel Claim	Travelers Indemnity Co
12/26/2025	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: 697/889 Rpt: 700/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
07/25/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
08/08/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
08/22/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
09/05/2025	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: 698/889 Rpt: 701/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
10/03/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
10/17/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
11/14/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
11/28/2025	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: 699/889 Rpt: 702/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
12/26/2025	Rowland, David St. Paul, MN 55102	$150.00	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
07/11/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
07/25/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
08/08/2025	Roy, David Windsor, CT 06095	$10.00	AVP 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: 700/889 Rpt: 703/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Roy, David	$10.00
	6 Contributor address; City; State; Zip Code Windsor, CT 06095	
8 Principal occupation / Job title (See Instructions) AVP Risk Control Forensic	**9** Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Roy, David	$10.00
	Contributor address; City; State; Zip Code Windsor, CT 06095	
Principal occupation / Job title (See Instructions) AVP Risk Control Forensic	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Roy, David	$10.00
	Contributor address; City; State; Zip Code Windsor, CT 06095	
Principal occupation / Job title (See Instructions) AVP Risk Control Forensic	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Roy, David	$10.00
	Contributor address; City; State; Zip Code Windsor, CT 06095	
Principal occupation / Job title (See Instructions) AVP Risk Control Forensic	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Roy, David	$10.00
	Contributor address; City; State; Zip Code Windsor, CT 06095	
Principal occupation / Job title (See Instructions) AVP Risk Control Forensic	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: 701/889 Rpt: 704/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
11/28/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
12/12/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
12/26/2025	Roy, David Windsor, CT 06095	$10.00	AVP Risk Control Forensic	Travelers Indemnity Co
07/11/2025	Roy, Richard Hartford, CT 06183	$10.00	VP Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 702/889 Rpt: 705/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Roy, 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 Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 703/889 Rpt: 706/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Roy, 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 Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Roy, Richard	$10.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Architecture	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 704/889 Rpt: 707/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Roy, 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 Architecture	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Ryan, Jeffrey	$50.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Ryan, Jeffrey	$50.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Ryan, Jeffrey	$50.38
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP National Property	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Ryczek, Ellen	$75.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 705/889 Rpt: 708/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Ryczek, Ellen **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 706/889 Rpt: 709/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Ryczek, Ellen **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Ryczek, Ellen Contributor address; City; State; Zip Code: Hartford, CT 06183	$75.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP BSI Claim Shared Services	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 707/889 Rpt: 710/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Ryczek, Ellen	$75.63
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP BSI Claim Shared Services	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Ryczek, Ellen	$75.63
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP BSI Claim Shared Services	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Samsel, Leszek	$31.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP RMIS Account Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Samsel, Leszek	$31.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP RMIS Account Management	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Samsel, Leszek	$31.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP RMIS Account 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: 708/889 Rpt: 711/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Samsel, Leszek **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$31.19

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP RMIS Account Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Samsel, Leszek Contributor address; City; State; Zip Code Hartford, CT 06183	$31.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP RMIS Account Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Samsel, Leszek Contributor address; City; State; Zip Code Hartford, CT 06183	$31.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP RMIS Account Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Samsel, Leszek Contributor address; City; State; Zip Code Hartford, CT 06183	$31.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP RMIS Account Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Samsel, Leszek Contributor address; City; State; Zip Code Hartford, CT 06183	$31.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP RMIS Account Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 709/889 Rpt: 712/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Samsel, Leszek Hartford, CT 06183	$31.19	AVP RMIS Account Management	Travelers Indemnity Co
11/14/2025	Samsel, Leszek Hartford, CT 06183	$31.19	AVP RMIS Account Management	Travelers Indemnity Co
11/28/2025	Samsel, Leszek Hartford, CT 06183	$31.19	AVP RMIS Account Management	Travelers Indemnity Co
12/12/2025	Samsel, Leszek Hartford, CT 06183	$31.19	AVP RMIS Account Management	Travelers Indemnity Co
12/26/2025	Samsel, Leszek Hartford, CT 06183	$31.19	AVP RMIS Account Management	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 710/889 Rpt: 713/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Sargent, William	$28.37
	6 Contributor address; City; State; Zip Code Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Enterprise Internal Communications	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Internal Communications	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Internal Communications	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise Internal Communications	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Enterprise 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: 711/889 Rpt: 714/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Sargent, William	$28.37
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Enterprise Internal Communications	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Internal Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Internal Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Internal Communications	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Sargent, William	$28.37
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Enterprise Internal 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: 712/889 Rpt: 715/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Sargent, William Hartford, CT 06183	$28.37	VP Enterprise Internal Communications	Travelers Indemnity Co
12/12/2025	Sargent, William Hartford, CT 06183	$28.37	VP Enterprise Internal Communications	Travelers Indemnity Co
12/26/2025	Sargent, William Hartford, CT 06183	$28.37	VP Enterprise Internal Communications	Travelers Indemnity Co
07/11/2025	Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00	Dir Bus Insights Delivery	Travelers Indemnity Co
07/25/2025	Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00	Dir Bus Insights Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 713/889 Rpt: 716/894

2 FILER 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 ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/05/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/18/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 714/889 Rpt: 717/894

2 FILER 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 ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/14/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Sathyalingam, Pushpalatha Hartford, CT 06183	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Bus Insights Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 715/889 Rpt: 718/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
07/25/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
08/08/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
08/22/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
09/05/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 716/889 Rpt: 719/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
10/03/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
10/17/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
11/14/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co
11/28/2025	Sayles, Darious Alpharetta, GA 30005	$10.00	Operations Director OAS	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 717/889 Rpt: 720/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Sayles, Darious	$10.00
	6 Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Operations Director OAS	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Sayles, Darious	$10.00
	Contributor address; City; State; Zip Code: Alpharetta, GA 30005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Operations Director OAS	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

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: 718/889 Rpt: 721/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Scherer, Michele	$13.75
	6 Contributor address; City; State; Zip Code: Queensbury, NY 12804	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

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: 719/889 Rpt: 722/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Scherer, Michele	$13.75
	6 Contributor address; City; State; Zip Code: Queensbury, NY 12804	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Scherer, Michele	$13.75
	Contributor address; City; State; Zip Code: Queensbury, NY 12804	

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: 720/889 Rpt: 723/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Schiller, Stephanie	$30.00
	6 Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Claim Ops	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Schiller, Stephanie	$30.00
	Contributor address; City; State; Zip Code: Diamond Bar, CA 91765	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 721/889 Rpt: 724/894

2 FILER 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)
09/18/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
10/03/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
10/17/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
11/14/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
11/28/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP 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: 722/889 Rpt: 725/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
12/26/2025	Schiller, Stephanie Diamond Bar, CA 91765	$30.00	AVP Claim Ops	Travelers Indemnity Co
07/11/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
07/25/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
08/08/2025	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: 723/889 Rpt: 726/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 724/889 Rpt: 727/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
11/28/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
12/12/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
12/26/2025	Schmidt, Amy St. Paul, MN 55102	$10.00	CUO Public Sector	Travelers Indemnity Co
07/10/2025	Schnitzer, Alan New York City, NY 10017	$5,000.00	Chairman and CEO	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 725/889 Rpt: 728/894

2 FILER 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 ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Schnog, Caroline Hartford, CT 06183	$50.00

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 ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Schnog, Caroline Hartford, CT 06183	$50.00

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 ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Schnog, Caroline Hartford, CT 06183	$50.00

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 ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Schnog, Caroline Hartford, CT 06183	$50.00

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 ($)
09/05/2025	☐ out-of-state PAC (ID#:_____) Schnog, Caroline Hartford, CT 06183	$50.00

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: 726/889 Rpt: 729/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Schnog, Caroline	$50.00
	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 ($)
10/03/2025	Schnog, Caroline	$50.00
	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 ($)
10/17/2025	Schnog, Caroline	$50.00
	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 ($)
11/14/2025	Schnog, Caroline	$50.00
	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 ($)
11/28/2025	Schnog, Caroline	$50.00
	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: 727/889 Rpt: 730/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Schnog, Caroline	$50.00
	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 ($)
12/26/2025	Schnog, Caroline	$50.00
	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 ($)
07/11/2025	Schreier, Elise	$21.92
	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 ($)
07/25/2025	Schreier, Elise	$21.92
	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 ($)
08/08/2025	Schreier, Elise	$21.92
	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 728/889 Rpt: 731/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Schreier, Elise	$21.92
	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 ($)
09/18/2025	Schreier, Elise	$21.92
	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 ($)
10/03/2025	Schreier, Elise	$21.92
	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 ($)
10/17/2025	Schreier, Elise	$21.92
	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: 729/889 Rpt: 732/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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)
VP Claim Prod Dev&Strat	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Schreier, Elise	$21.92
	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 ($)
11/28/2025	Schreier, Elise	$21.92
	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 ($)
12/12/2025	Schreier, Elise	$21.92
	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 ($)
12/26/2025	Schreier, Elise	$21.92
	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: 730/889 Rpt: 733/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Schwab, Walford	$14.78
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): Dir Reinsurance Placement	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Dir Reinsurance Placement	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Dir Reinsurance Placement	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Dir Reinsurance Placement	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Dir Reinsurance Placement	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: 731/889 Rpt: 734/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	Schwab, Walford	$14.78
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 732/889 Rpt: 735/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Schwab, Walford	$14.78
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Schwab, Walford	$14.78
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Reinsurance Placement	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Scoll, Matthew	$26.44
	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Scoll, Matthew	$26.44
	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: 733/889 Rpt: 736/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
08/22/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
09/05/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
09/18/2025	Scoll, Matthew Hartford, CT 06183	$26.44	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
10/03/2025	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: 734/889 Rpt: 737/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Scoll, Matthew	$26.44
	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 ($)
10/31/2025	Scoll, Matthew	$26.44
	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 ($)
11/14/2025	Scoll, Matthew	$26.44
	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 ($)
11/28/2025	Scoll, Matthew	$26.44
	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 ($)
12/12/2025	Scoll, Matthew	$26.44
	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: 735/889 Rpt: 738/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Scudieri, Jonathan	$55.58
	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 ($)
07/25/2025	Scudieri, Jonathan	$55.58
	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 ($)
08/08/2025	Scudieri, Jonathan	$55.58
	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 ($)
08/22/2025	Scudieri, Jonathan	$55.58
	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: 736/889 Rpt: 739/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Scudieri, Jonathan	$55.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Ent Market Research	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Scudieri, Jonathan	$55.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ent Market Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Scudieri, Jonathan	$55.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ent Market Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Scudieri, Jonathan	$55.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ent Market Research	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	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: 737/889 Rpt: 740/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	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: 738/889 Rpt: 741/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Seaver, Vincent	$45.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 739/889 Rpt: 742/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Seaver, Vincent	$45.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Ops-BI Large Market & Intl	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: 740/889 Rpt: 743/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Seaver, Vincent	$45.77
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Seaver, Vincent	$45.77
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Ops-BI Large Market & Intl	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 741/889 Rpt: 744/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Seguin, Collin	$10.00
	6 Contributor address; City; State; Zip Code: Brookfield, WI 53005	
8 Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	
Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	
Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	
Principal occupation / Job title (See Instructions): AVP Complex Claim Liability	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	
Principal occupation / Job title (See Instructions): AVP 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: 742/889 Rpt: 745/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Seguin, Collin	$10.00
	6 Contributor address; City; State; Zip Code: Brookfield, WI 53005	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Seguin, Collin	$10.00
	Contributor address; City; State; Zip Code: Brookfield, WI 53005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Complex Claim Liability	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Seminara, Nicholas	$288.46
	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: 743/889 Rpt: 746/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Seminara, Nicholas	Hartford, CT 06183	$288.46	EVP & Chief Claim Officer	Travelers Indemnity Co
08/08/2025	Seminara, Nicholas	Hartford, CT 06183	$288.46	EVP & Chief Claim Officer	Travelers Indemnity Co
08/22/2025	Seminara, Nicholas	Hartford, CT 06183	$288.46	EVP & Chief Claim Officer	Travelers Indemnity Co
09/05/2025	Seminara, Nicholas	Hartford, CT 06183	$288.46	EVP & Chief Claim Officer	Travelers Indemnity Co
09/18/2025	Seminara, Nicholas	Hartford, CT 06183	$80.78	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: 744/889 Rpt: 747/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
07/25/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
08/08/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
08/22/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
09/05/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP 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: 745/889 Rpt: 748/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
10/03/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
10/17/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
10/31/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP National Property	Travelers Indemnity Co
11/14/2025	Shelton, Martin Murfreesboro, TN 37128	$17.74	AVP 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: 746/889 Rpt: 749/894

2 FILER 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 ($)
11/28/2025	☐ out-of-state PAC (ID#:_____) Shelton, Martin Murfreesboro, TN 37128	$17.74

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP National Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/12/2025	☐ out-of-state PAC (ID#:_____) Shelton, Martin Murfreesboro, TN 37128	$17.74

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP National Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Shelton, Martin Murfreesboro, TN 37128	$17.74

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP National Property	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Simmons, Robert Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Simmons, Robert Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 747/889 Rpt: 750/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Simmons, Robert Spokane Valley, WA 99216	$25.00	AVP Business Center	Travelers Indemnity Co
08/22/2025	Simmons, Robert Spokane Valley, WA 99216	$25.00	AVP Business Center	Travelers Indemnity Co
09/05/2025	Simmons, Robert Spokane Valley, WA 99216	$25.00	AVP Business Center	Travelers Indemnity Co
09/18/2025	Simmons, Robert Spokane Valley, WA 99216	$25.00	AVP Business Center	Travelers Indemnity Co
10/03/2025	Simmons, Robert Spokane Valley, WA 99216	$25.00	AVP 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: 748/889 Rpt: 751/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Simmons, Robert **6** Contributor address; City; State; Zip Code: Spokane Valley, WA 99216	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Simmons, Robert Contributor address; City; State; Zip Code: Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Simmons, Robert Contributor address; City; State; Zip Code: Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Simmons, Robert Contributor address; City; State; Zip Code: Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Business Center	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Simmons, Robert Contributor address; City; State; Zip Code: Spokane Valley, WA 99216	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 749/889 Rpt: 752/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
07/25/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
08/08/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
08/22/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
09/05/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP 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: 750/889 Rpt: 753/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
10/03/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
10/17/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
11/14/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co
11/28/2025	Singhal, Vikas St. Paul, MN 55102	$30.00	AVP 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: 751/889 Rpt: 754/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	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)
AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Singhal, Vikas	$30.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Fixed Inc Portfolio Mgr	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 752/889 Rpt: 755/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Sitte, Allison	$50.00
	6 Contributor address; City; State; Zip Code: Tallahassee, FL 32311	

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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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: 753/889 Rpt: 756/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
11/28/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
12/12/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
12/26/2025	Sitte, Allison Tallahassee, FL 32311	$50.00	AVP Government Relations	Travelers Indemnity Co
11/28/2025	Skjerven, Wendy St. Paul, MN 55102	$60.58	VP Corp Secretary & Group GC	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 754/889 Rpt: 757/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Skjerven, Wendy St. Paul, MN 55102	$60.58	VP Corp Secretary & Group GC	Travelers Indemnity Co
12/26/2025	Skjerven, Wendy St. Paul, MN 55102	$60.58	VP Corp Secretary & Group GC	Travelers Indemnity Co
07/11/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
07/25/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
08/08/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	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: 755/889 Rpt: 758/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
09/05/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
09/18/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
10/03/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	Dir Business Process Mgmt	Travelers Indemnity Co
10/17/2025	Slowey, Scotti Cockeysville, MD 21030	$10.00	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: 756/889 Rpt: 759/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Slowey, Scotti	$10.00
	6 Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Slowey, Scotti	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Slowey, Scotti	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Slowey, Scotti	$10.00
	Contributor address; City; State; Zip Code: Cockeysville, MD 21030	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Business Process Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	

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: 757/889 Rpt: 760/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Smith, David West Bridgewater, MA 02379	$15.00	RVP Claim	Travelers Indemnity Co
08/08/2025	Smith, David West Bridgewater, MA 02379	$15.00	RVP Claim	Travelers Indemnity Co
08/22/2025	Smith, David West Bridgewater, MA 02379	$15.00	RVP Claim	Travelers Indemnity Co
09/05/2025	Smith, David West Bridgewater, MA 02379	$15.00	RVP Claim	Travelers Indemnity Co
09/18/2025	Smith, David West Bridgewater, MA 02379	$15.00	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: 758/889 Rpt: 761/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Smith, David	$15.00
	6 Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
8 Principal occupation / Job title (See Instructions): RVP Claim	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Smith, David	$15.00
	Contributor address; City; State; Zip Code: West Bridgewater, MA 02379	
Principal occupation / Job title (See Instructions): RVP Claim	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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: 759/889 Rpt: 762/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Innovation Consultant	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Innovation Consultant	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Innovation Consultant	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Innovation 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: 760/889 Rpt: 763/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 761/889 Rpt: 764/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Smith, Kevin	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Innovation Consultant	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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: 762/889 Rpt: 765/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Smith, Matthew	$10.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): Sr Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Smith, Matthew	$10.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
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: 763/889 Rpt: 766/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
11/14/2025	Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
11/28/2025	Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
12/12/2025	Smith, Matthew St. Paul, MN 55102	$10.00	Sr Counsel	Travelers Indemnity Co
12/26/2025	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: 764/889 Rpt: 767/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Smith, Richard	$29.18
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Smith, Richard	$60.00
	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Smith, Richard	$60.00
	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Smith, Richard	$60.00
	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: 765/889 Rpt: 768/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Smith, Richard St. Paul, MN 55102	$29.18	Regional President Ent Distribution Mg	Travelers Indemnity Co
08/22/2025	Smith, Richard St. Paul, MN 55102	$29.18	Regional President Ent Distribution Mg	Travelers Indemnity Co
08/22/2025	Smith, Richard Hartford, CT 06183	$60.00	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
09/05/2025	Smith, Richard St. Paul, MN 55102	$29.18	Regional President Ent Distribution Mg	Travelers Indemnity Co
09/05/2025	Smith, Richard Hartford, CT 06183	$60.00	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: 766/889 Rpt: 769/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/18/2025	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)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Smith, Richard	$60.00
	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 767/889 Rpt: 770/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	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)
Assoc Group Gen Counsel-Claim	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Smith, Richard	$60.00
	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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Smith, Richard	$29.18
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional President Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 768/889 Rpt: 771/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Smith, Richard Hartford, CT 06183	$60.00	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
12/12/2025	Smith, Richard Hartford, CT 06183	$60.00	Assoc Group Gen Counsel-Claim	Travelers Indemnity Co
12/12/2025	Smith, Richard St. Paul, MN 55102	$29.18	Regional President Ent Distribution Mg	Travelers Indemnity Co
12/26/2025	Smith, Richard St. Paul, MN 55102	$29.18	Regional President Ent Distribution Mg	Travelers Indemnity Co
12/26/2025	Smith, Richard Hartford, CT 06183	$60.00	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: 769/889 Rpt: 772/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Song, Irene	$50.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): Deputy Corporate Secretary	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Song, Irene	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Deputy Corporate Secretary	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Song, Irene	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Deputy Corporate Secretary	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Song, Irene	$50.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): Deputy Corporate Secretary	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Spaeth, Thomas	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio 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: 770/889 Rpt: 773/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	SVP Portfolio Mgmt	Travelers Indemnity Co
08/08/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	SVP Portfolio Mgmt	Travelers Indemnity Co
08/22/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	SVP Portfolio Mgmt	Travelers Indemnity Co
09/05/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	SVP Portfolio Mgmt	Travelers Indemnity Co
09/18/2025	Spaeth, Thomas St. Paul, MN 55102	$100.00	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: 771/889 Rpt: 774/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Spaeth, Thomas	$100.00
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): SVP Portfolio Mgmt	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Spaeth, Thomas	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Spaeth, Thomas	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Spaeth, Thomas	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio Mgmt	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Spaeth, Thomas	$100.00
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): SVP Portfolio 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: 772/889 Rpt: 775/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	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)
SVP Portfolio Mgmt	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Pres National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Pres National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Pres National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Spohn, Mark	$76.92
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SVP & Pres National Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 773/889 Rpt: 776/894

2 FILER 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)
09/05/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
09/18/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
10/03/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
10/17/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
10/31/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 774/889 Rpt: 777/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
11/28/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
12/12/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
12/26/2025	Spohn, Mark Hartford, CT 06183	$76.92	SVP & Pres National Accounts	Travelers Indemnity Co
07/11/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP 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: 775/889 Rpt: 778/894

2 FILER 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)
07/25/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP Business Architect Lead	Travelers Indemnity Co
08/08/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP Business Architect Lead	Travelers Indemnity Co
08/22/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP Business Architect Lead	Travelers Indemnity Co
09/05/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP Business Architect Lead	Travelers Indemnity Co
09/18/2025	Stanton, Tracy Hartford, CT 06183	$10.00	AVP 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: 776/889 Rpt: 779/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Stanton, Tracy	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Business Architect Lead	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Stanton, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Business Architect Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Stanton, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Business Architect Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Stanton, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Business Architect Lead	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Stanton, Tracy	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Business Architect 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: 777/889 Rpt: 780/894

2 FILER 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 ($)
12/26/2025	☐ out-of-state PAC (ID#:_____) Stanton, Tracy Hartford, CT 06183	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Business Architect Lead	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	☐ out-of-state PAC (ID#:_____) Stepanishen, Kent Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	☐ out-of-state PAC (ID#:_____) Stepanishen, Kent Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	☐ out-of-state PAC (ID#:_____) Stepanishen, Kent Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/22/2025	☐ out-of-state PAC (ID#:_____) Stepanishen, Kent Hartford, CT 06183	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 778/889 Rpt: 781/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	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)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 779/889 Rpt: 782/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Stepanishen, Kent	$35.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CUO Northfield	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Strong, Deborah	$35.58
	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 ($)
07/25/2025	Strong, Deborah	$35.58
	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: 780/889 Rpt: 783/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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: 781/889 Rpt: 784/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Strong, Deborah	$35.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Strong, Deborah	$35.58
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): SVP & CFO Tech & Operations	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	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: 782/889 Rpt: 785/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Strong, Deborah	$35.58
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
SVP & CFO Tech & Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 783/889 Rpt: 786/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Struve, Dane	$10.00
	6 Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 784/889 Rpt: 787/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Struve, Dane	$10.00
	6 Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Struve, Dane	$10.00
	Contributor address; City; State; Zip Code: Salt Lake City, UT 84121	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Managing Dir BSI Construction Surety	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 785/889 Rpt: 788/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Suda, Gerard	$39.62
	6 Contributor address; City; State; Zip Code: Westfield, NJ 07090	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code: Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 786/889 Rpt: 789/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Suda, Gerard	$39.62
	6 Contributor address; City; State; Zip Code Westfield, NJ 07090	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Suda, Gerard	$39.62
	Contributor address; City; State; Zip Code Westfield, NJ 07090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 787/889 Rpt: 790/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Suda, Gerard	$39.62
	6 Contributor address; City; State; Zip Code: Westfield, NJ 07090	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UW Officer National Accounts	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc Group General Counsel	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assoc 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: 788/889 Rpt: 791/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Assoc Group General Counsel	Travelers Indemnity Co
09/18/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Assoc Group General Counsel	Travelers Indemnity Co
10/03/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Assoc Group General Counsel	Travelers Indemnity Co
10/17/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Assoc Group General Counsel	Travelers Indemnity Co
10/31/2025	Sullivan, Timothy Hartford, CT 06183	$22.60	Assoc 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: 789/889 Rpt: 792/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Sullivan, Timothy	$22.60
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Assoc Group General Counsel	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Assoc Group General Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Assoc Group General Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Sullivan, Timothy	$22.60
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Assoc Group General Counsel	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Tehan, Aaron	$50.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): Group General Counsel - M&A	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: 790/889 Rpt: 793/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	Tehan, Aaron	$50.00
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Group General Counsel - M&A	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Tehan, Aaron	$50.00
	Contributor address; City; State; Zip Code: New York City, NY 10017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Group General Counsel - M&A	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 791/889 Rpt: 794/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 792/889 Rpt: 795/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 793/889 Rpt: 796/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Tetreault, Michael Hartford, CT 06183	$89.42	Head of BI Business Centers	Travelers Indemnity Co
07/25/2025	Tetreault, Michael Hartford, CT 06183	$89.42	Head of BI Business Centers	Travelers Indemnity Co
08/08/2025	Tetreault, Michael Hartford, CT 06183	$89.42	Head of BI Business Centers	Travelers Indemnity Co
08/22/2025	Tetreault, Michael Hartford, CT 06183	$89.42	Head of BI Business Centers	Travelers Indemnity Co
09/05/2025	Tetreault, Michael Hartford, CT 06183	$89.42	Head of BI Business Centers	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 794/889 Rpt: 797/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Tetreault, Michael	$89.42
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Head of BI Business Centers	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	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: 795/889 Rpt: 798/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/28/2025	Tetreault, Michael	$89.42
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): Head of BI Business Centers	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Tetreault, Michael	$89.42
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): Head of BI Business Centers	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Thompson, Benjamin	$20.19
	Contributor address; City; State; Zip Code: Washington, DC 20005	
Principal occupation / Job title (See Instructions): Sr Counsel	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/25/2025	Thompson, Benjamin	$20.19
	Contributor address; City; State; Zip Code: Washington, DC 20005	
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: 796/889 Rpt: 799/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
08/22/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
09/05/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
09/18/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
10/03/2025	Thompson, Benjamin Washington, DC 20005	$20.19	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: 797/889 Rpt: 800/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
10/31/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
11/14/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
11/28/2025	Thompson, Benjamin Washington, DC 20005	$20.19	Sr Counsel	Travelers Indemnity Co
12/12/2025	Thompson, Benjamin Washington, DC 20005	$20.19	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: 798/889 Rpt: 801/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Thompson, Benjamin	$20.19
	6 Contributor address; City; State; Zip Code: Washington, DC 20005	

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 ($)
07/11/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	

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 ($)
07/25/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	

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 ($)
08/08/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	

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 ($)
08/22/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	

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: 799/889 Rpt: 802/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/05/2025	Tice, Charles	$28.85
	6 Contributor address; City; State; Zip Code: Edison, NJ 08837	
8 Principal occupation / Job title (See Instructions): RVP Commercial Accounts	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
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: 800/889 Rpt: 803/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Tice, Charles	$28.85
	6 Contributor address; City; State; Zip Code: Edison, NJ 08837	
8 Principal occupation / Job title (See Instructions): RVP Commercial Accounts	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Tice, Charles	$28.85
	Contributor address; City; State; Zip Code: Edison, NJ 08837	
Principal occupation / Job title (See Instructions): RVP Commercial Accounts	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 801/889 Rpt: 804/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/25/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
08/08/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
08/22/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
09/05/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
09/18/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	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: 802/889 Rpt: 805/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Tiefel, Alexander	$24.13
	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 ($)
10/17/2025	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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	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: 803/889 Rpt: 806/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
12/26/2025	Tiefel, Alexander Centennial, CO 80112	$24.13	National Accounts VP	Travelers Indemnity Co
07/11/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
07/25/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
08/08/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 804/889 Rpt: 807/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Tiffany, Toby	$54.81
	6 Contributor address; City; State; Zip Code Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg	**9** Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Tiffany, Toby	$54.81
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Tiffany, Toby	$54.81
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Tiffany, Toby	$54.81
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg	Employer (See Instructions) Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Tiffany, Toby	$54.81
	Contributor address; City; State; Zip Code Centennial, CO 80112	
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg	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: 805/889 Rpt: 808/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
11/14/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
11/28/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
12/12/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co
12/26/2025	Tiffany, Toby Centennial, CO 80112	$54.81	Regional President Ent Distribution Mg	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 806/889 Rpt: 809/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Toczydlowski, Gregory	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 807/889 Rpt: 810/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Toczydlowski, Gregory	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 808/889 Rpt: 811/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Toczydlowski, Gregory	$208.33
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Toczydlowski, Gregory	$208.33
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
EVP & Pres Business Insurance	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP National Severity	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP National Severity	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 809/889 Rpt: 812/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	AVP National Severity	Travelers Indemnity Co
09/05/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	AVP National Severity	Travelers Indemnity Co
09/18/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	AVP National Severity	Travelers Indemnity Co
10/03/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	AVP National Severity	Travelers Indemnity Co
10/17/2025	Tomlinson, Craig Las Vegas, NV 89113	$20.00	AVP 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: 810/889 Rpt: 813/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Tomlinson, Craig	$20.00
	6 Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
8 Principal occupation / Job title (See Instructions): AVP National Severity	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): AVP National Severity	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): AVP National Severity	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Tomlinson, Craig	$20.00
	Contributor address; City; State; Zip Code: Las Vegas, NV 89113	
Principal occupation / Job title (See Instructions): AVP National Severity	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	Torres, Wilson	$25.00
	Contributor address; City; State; Zip Code: Melville, NY 11747	
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: 811/889 Rpt: 814/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Torres, Wilson **6** Contributor address; City; State; Zip Code Melville, NY 11747	$25.00

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 ($)
08/08/2025	Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747	$25.00

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 ($)
08/22/2025	Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747	$25.00

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 ($)
09/05/2025	Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747	$25.00

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 ($)
09/18/2025	Torres, Wilson Contributor address; City; State; Zip Code Melville, NY 11747	$25.00

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: 812/889 Rpt: 815/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
10/17/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
11/14/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
11/28/2025	Torres, Wilson Melville, NY 11747	$25.00	RVP Claim	Travelers Indemnity Co
12/12/2025	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: 813/889 Rpt: 816/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Torres, Wilson	$25.00
	6 Contributor address; City; State; Zip Code: Melville, NY 11747	

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 ($)
07/11/2025	Trauth, Kurt	$17.84
	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 ($)
07/25/2025	Trauth, Kurt	$17.84
	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 ($)
08/08/2025	Trauth, Kurt	$17.84
	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 ($)
08/22/2025	Trauth, Kurt	$17.84
	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: 814/889 Rpt: 817/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Trauth, Kurt	$17.84
	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 ($)
09/18/2025	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 ($)
10/03/2025	Trauth, Kurt	$3.57
	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 ($)
10/31/2025	Trauth, Kurt	$14.98
	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 ($)
10/31/2025	Trauth, Kurt	$32.11
	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: 815/889 Rpt: 818/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Trauth, Kurt	$11.42
	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 ($)
07/11/2025	Traver, William	$26.92
	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 ($)
07/25/2025	Traver, William	$26.92
	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 ($)
08/08/2025	Traver, William	$26.92
	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 ($)
08/22/2025	Traver, William	$26.92
	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: 816/889 Rpt: 819/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
09/18/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
10/03/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
10/17/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
10/31/2025	Traver, William Hartford, CT 06183	$26.92	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: 817/889 Rpt: 820/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
11/28/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
12/12/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
12/26/2025	Traver, William Hartford, CT 06183	$26.92	VPCountrywide Product BI BCO	Travelers Indemnity Co
07/11/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 818/889 Rpt: 821/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	Turcotte, Edward	$45.19
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP UW BI Casualty Strategy	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2025	Turcotte, Edward	$45.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW BI Casualty Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Turcotte, Edward	$45.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW BI Casualty Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Turcotte, Edward	$45.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW BI Casualty Strategy	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Turcotte, Edward	$45.19
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP UW BI Casualty Strategy	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: 819/889 Rpt: 822/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/03/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co
10/17/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co
10/31/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co
11/14/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co
11/28/2025	Turcotte, Edward Hartford, CT 06183	$45.19	VP UW BI Casualty Strategy	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 820/889 Rpt: 823/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/12/2025	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)
VP UW BI Casualty Strategy	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Turcotte, Edward Contributor address; City; State; Zip Code: Hartford, CT 06183	$45.19

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP UW BI Casualty Strategy	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 821/889 Rpt: 824/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Turner, Janis	$93.03
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): VP Marketing & Web Ops-PI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Marketing & Web Ops-PI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Marketing & Web Ops-PI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Turner, Janis	$93.03
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Marketing & Web Ops-PI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Turner, Janis	$139.54
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): VP Marketing & Web Ops-PI	Employer (See Instructions): Travelers Indemnity Co	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 822/889 Rpt: 825/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/11/2025	Urban, Becky	$10.00
	6 Contributor address; City; State; Zip Code Alpharetta, GA 30005	
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 ($)
07/25/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
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 ($)
08/08/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
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 ($)
08/22/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
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 ($)
09/05/2025	Urban, Becky	$10.00
	Contributor address; City; State; Zip Code Alpharetta, GA 30005	
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: 823/889 Rpt: 826/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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: 824/889 Rpt: 827/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Urban, Becky Alpharetta, GA 30005	$10.00	BI Field Vice President	Travelers Indemnity Co
12/26/2025	Urban, Becky Alpharetta, GA 30005	$10.00	BI Field Vice President	Travelers Indemnity Co
07/11/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	AVP Strategy & Process Engineering BSI	Travelers Indemnity Co
07/25/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	AVP Strategy & Process Engineering BSI	Travelers Indemnity Co
08/08/2025	Van Scoter, Jennifer Hartford, CT 06183	$21.39	AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 825/889 Rpt: 828/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/22/2025	Van Scoter, Jennifer	$21.39
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Strategy & Process Engineering BSI	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Strategy & Process Engineering BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Strategy & Process Engineering BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Strategy & Process Engineering BSI	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Strategy & Process Engineering BSI	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: 826/889 Rpt: 829/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/31/2025	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)
AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Van Scoter, Jennifer	$21.39
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategy & Process Engineering BSI	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 827/889 Rpt: 830/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
07/25/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
08/08/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
08/22/2025	Vendetta, Craig Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
09/05/2025	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: 828/889 Rpt: 831/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Vendetta, Craig	Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
10/03/2025	Vendetta, Craig	Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
10/17/2025	Vendetta, Craig	Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
11/14/2025	Vendetta, Craig	Hartford, CT 06120	$10.00	National Accounts VP	Travelers Indemnity Co
11/28/2025	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: 829/889 Rpt: 832/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Vendetta, Craig	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06120	

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 ($)
12/26/2025	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 ($)
07/11/2025	Verbeten, Alexander	$21.63
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Verbeten, Alexander	$21.63
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Verbeten, Alexander	$21.63
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	

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: 830/889 Rpt: 833/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Verbeten, Alexander **6** Contributor address; City; State; Zip Code St. Paul, MN 55102	$21.63

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Verbeten, Alexander Contributor address; City; State; Zip Code St. Paul, MN 55102	$21.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Verbeten, Alexander Contributor address; City; State; Zip Code St. Paul, MN 55102	$21.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Verbeten, Alexander Contributor address; City; State; Zip Code St. Paul, MN 55102	$21.63

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Portfolio Management	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Verbeten, Alexander Contributor address; City; State; Zip Code St. Paul, MN 55102	$21.63

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: 831/889 Rpt: 834/894

2 FILER 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)
10/31/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander St. Paul, MN 55102	$21.63	VP Portfolio Management	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander St. Paul, MN 55102	$21.63	VP Portfolio Management	Travelers Indemnity Co
11/28/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander St. Paul, MN 55102	$21.63	VP Portfolio Management	Travelers Indemnity Co
12/12/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander St. Paul, MN 55102	$21.63	VP Portfolio Management	Travelers Indemnity Co
12/26/2025	☐ out-of-state PAC (ID#:_____) Verbeten, Alexander St. Paul, MN 55102	$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: 832/889 Rpt: 835/894

2 FILER 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)
07/11/2025	Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
07/25/2025	Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
08/08/2025	Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
08/22/2025	Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
09/05/2025	Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	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: 833/889 Rpt: 836/894

2 FILER 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)
09/18/2025	☐ out-of-state PAC (ID#:_____) Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
10/17/2025	☐ out-of-state PAC (ID#:_____) Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
10/31/2025	☐ out-of-state PAC (ID#:_____) Verfurth, Charles Hartford, CT 06183	$109.62	SVP President Natl Property	Travelers Indemnity Co
11/14/2025	☐ out-of-state PAC (ID#:_____) Verfurth, Charles Hartford, CT 06183	$109.62	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: 834/889 Rpt: 837/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer Bond & SI	TCI Global Services Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional UW Officer 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: 835/889 Rpt: 838/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/08/2025	Videla, Gonzalo	$49.81
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
8 Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	**9** Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/22/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Videla, Gonzalo	$49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	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: 836/889 Rpt: 839/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Videla, Gonzalo	$49.81
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
8 Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	**9** Employer (See Instructions): TCI Global Services Inc	
Date: 10/31/2025	Full name of contributor / out-of-state PAC (ID#:): Videla, Gonzalo	Amount of Contribution ($): $49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	
Date: 11/14/2025	Full name of contributor / out-of-state PAC (ID#:): Videla, Gonzalo	Amount of Contribution ($): $49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	
Date: 11/28/2025	Full name of contributor / out-of-state PAC (ID#:): Videla, Gonzalo	Amount of Contribution ($): $49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	Employer (See Instructions): TCI Global Services Inc	
Date: 12/12/2025	Full name of contributor / out-of-state PAC (ID#:): Videla, Gonzalo	Amount of Contribution ($): $49.81
	Contributor address; City; State; Zip Code: Blue Bell, PA 19422	
Principal occupation / Job title (See Instructions): Regional UW Officer Bond & SI	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: 837/889 Rpt: 840/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	Videla, Gonzalo	$49.81
	6 Contributor address; City; State; Zip Code: Blue Bell, PA 19422	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Regional UW Officer Bond & SI	TCI Global Services Inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 838/889 Rpt: 841/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Walsh, Janice	Hartford, CT 06183	$33.65	SVP Human Resources	Travelers Indemnity Co
09/18/2025	Walsh, Janice	Hartford, CT 06183	$33.65	SVP Human Resources	Travelers Indemnity Co
10/03/2025	Walsh, Janice	Hartford, CT 06183	$33.65	SVP Human Resources	Travelers Indemnity Co
10/17/2025	Walsh, Janice	Hartford, CT 06183	$33.65	SVP Human Resources	Travelers Indemnity Co
10/31/2025	Walsh, Janice	Hartford, CT 06183	$33.65	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: 839/889 Rpt: 842/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 840/889 Rpt: 843/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Walsh, Stacy	$52.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Legal Ops	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 841/889 Rpt: 844/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Walsh, Stacy	$52.88
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Legal Ops	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Legal Ops	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Walsh, Stacy	$52.88
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP 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: 842/889 Rpt: 845/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/12/2025	Walsh, Stacy Hartford, CT 06183	$52.88	AVP Legal Ops	Travelers Indemnity Co
12/26/2025	Walsh, Stacy Hartford, CT 06183	$52.88	AVP Legal Ops	Travelers Indemnity Co
07/11/2025	Walters, John Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
07/25/2025	Walters, John Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
08/08/2025	Walters, John Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 843/889 Rpt: 846/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/22/2025	Walters, John	$10.00
	6 Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
8 Principal occupation / Job title (See Instructions): Managing Dir B&M	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Walters, John	$10.00
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Managing Dir B&M	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Walters, John	$10.00
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Managing Dir B&M	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Walters, John	$10.00
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Managing Dir B&M	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Walters, John	$10.00
	Contributor address; City; State; Zip Code: Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions): Managing Dir B&M	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: 844/889 Rpt: 847/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/14/2025	Walters, John	Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
11/28/2025	Walters, John	Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
12/12/2025	Walters, John	Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
12/26/2025	Walters, John	Rancho Cordova, CA 95670	$10.00	Managing Dir B&M	Travelers Indemnity Co
07/11/2025	Warne, Bradley	Pawleys Island, SC 29585	$25.00	AVP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 845/889 Rpt: 848/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/25/2025	Warne, Bradley	$25.00
	6 Contributor address; City; State; Zip Code Pawleys Island, SC 29585	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 846/889 Rpt: 849/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Warne, Bradley	$25.00
	6 Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Warne, Bradley	$25.00
	Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 847/889 Rpt: 850/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Warne, Bradley	$25.00
	6 Contributor address; City; State; Zip Code: Pawleys Island, SC 29585	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Operations	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	

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 ($)
07/25/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	

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 ($)
08/08/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	

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 ($)
08/22/2025	Warner, Jaynine	$30.00
	Contributor address; City; State; Zip Code: Wilmington, DE 19803	

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: 848/889 Rpt: 851/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/05/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
09/18/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
10/03/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
10/17/2025	Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
11/14/2025	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: 849/889 Rpt: 852/894

2 FILER 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)
11/28/2025	☐ out-of-state PAC (ID#:_____) Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
12/12/2025	☐ out-of-state PAC (ID#:_____) Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
12/26/2025	☐ out-of-state PAC (ID#:_____) Warner, Jaynine Wilmington, DE 19803	$30.00	AVP Government Relations	Travelers Indemnity Co
07/11/2025	☐ out-of-state PAC (ID#:_____) Welch, Lawrence Hartford, CT 06183	$55.00	VP UW Comm Accts	Travelers Indemnity Co
07/25/2025	☐ out-of-state PAC (ID#:_____) Welch, Lawrence Hartford, CT 06183	$55.00	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: 850/889 Rpt: 853/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Welch, Lawrence Hartford, CT 06183	$55.00	VP UW Comm Accts	Travelers Indemnity Co
08/22/2025	Welch, Lawrence Hartford, CT 06183	$55.00	VP UW Comm Accts	Travelers Indemnity Co
09/05/2025	Welch, Lawrence Hartford, CT 06183	$55.00	VP UW Comm Accts	Travelers Indemnity Co
09/18/2025	Welch, Lawrence Hartford, CT 06183	$55.00	VP UW Comm Accts	Travelers Indemnity Co
10/03/2025	Welch, Lawrence Hartford, CT 06183	$55.00	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: 851/889 Rpt: 854/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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 ($)
12/12/2025	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: 852/889 Rpt: 855/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
12/26/2025	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 ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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: 853/889 Rpt: 856/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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: 854/889 Rpt: 857/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/14/2025	Westermeyer, Christopher	$47.50
	6 Contributor address; City; State; Zip Code: St. Paul, MN 55102	
8 Principal occupation / Job title (See Instructions): VP Actuarial & Analytics II	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Actuarial & Analytics II	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Actuarial & Analytics II	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Westermeyer, Christopher	$47.50
	Contributor address; City; State; Zip Code: St. Paul, MN 55102	
Principal occupation / Job title (See Instructions): VP Actuarial & Analytics II	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/11/2025	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: 855/889 Rpt: 858/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/25/2025	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 ($)
08/08/2025	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 ($)
08/22/2025	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 ($)
09/05/2025	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 ($)
09/18/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 856/889 Rpt: 859/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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 ($)
11/28/2025	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: 857/889 Rpt: 860/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
12/12/2025	Westrick, Glenn 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#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
12/26/2025	Westrick, Glenn 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#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/11/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
07/25/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
08/08/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Client Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 858/889 Rpt: 861/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
09/05/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
09/18/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
10/03/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
10/17/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 859/889 Rpt: 862/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/31/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
11/14/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
11/28/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
12/12/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co
12/26/2025	Wicks, Patrick Jenkintown, PA 19046	$34.62	AVP Client Delivery	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 860/889 Rpt: 863/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Wilczak, Jason Broad Brook, CT 06016	$22.00	AVP SW Engineering	Travelers Indemnity Co
07/25/2025	Wilczak, Jason Broad Brook, CT 06016	$22.00	AVP SW Engineering	Travelers Indemnity Co
08/08/2025	Wilczak, Jason Broad Brook, CT 06016	$22.00	AVP SW Engineering	Travelers Indemnity Co
08/22/2025	Wilczak, Jason Broad Brook, CT 06016	$22.00	AVP SW Engineering	Travelers Indemnity Co
09/05/2025	Wilczak, Jason Broad Brook, CT 06016	$22.00	AVP SW Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 861/889 Rpt: 864/894

2 FILER NAME
The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers)
00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Wilczak, Jason **6** Contributor address; City; State; Zip Code Broad Brook, CT 06016	$22.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Wilczak, Jason Contributor address; City; State; Zip Code Broad Brook, CT 06016	$22.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Wilczak, Jason Contributor address; City; State; Zip Code Broad Brook, CT 06016	$22.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/31/2025	Wilczak, Jason Contributor address; City; State; Zip Code Broad Brook, CT 06016	$22.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP SW Engineering	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Wilczak, Jason Contributor address; City; State; Zip Code Broad Brook, CT 06016	$22.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP SW Engineering	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 862/889 Rpt: 865/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Wilczak, Jason Broad Brook, CT 06016	$24.68	AVP SW Engineering	Travelers Indemnity Co
12/12/2025	Wilczak, Jason Broad Brook, CT 06016	$24.23	AVP SW Engineering	Travelers Indemnity Co
12/26/2025	Wilczak, Jason Broad Brook, CT 06016	$24.23	AVP SW Engineering	Travelers Indemnity Co
07/11/2025	Williams, Aaron Downers Grove, IL 60515	$38.47	RVP Bond & SI	Travelers Indemnity Co
07/25/2025	Williams, Aaron Downers Grove, IL 60515	$38.47	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: 863/889 Rpt: 866/894

2 FILER 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)
08/08/2025	☐ out-of-state PAC (ID#:_____) Williams, Aaron Downers Grove, IL 60515	$38.47	RVP Bond & SI	Travelers Indemnity Co
08/22/2025	☐ out-of-state PAC (ID#:_____) Williams, Aaron Downers Grove, IL 60515	$38.47	RVP Bond & SI	Travelers Indemnity Co
09/05/2025	☐ out-of-state PAC (ID#:_____) Williams, Aaron Downers Grove, IL 60515	$38.47	RVP Bond & SI	Travelers Indemnity Co
09/18/2025	☐ out-of-state PAC (ID#:_____) Williams, Aaron Downers Grove, IL 60515	$38.47	RVP Bond & SI	Travelers Indemnity Co
10/03/2025	☐ out-of-state PAC (ID#:_____) Williams, Aaron Downers Grove, IL 60515	$38.47	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: 864/889 Rpt: 867/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Williams, Aaron	$38.47
	6 Contributor address; City; State; Zip Code: Downers Grove, IL 60515	
8 Principal occupation / Job title (See Instructions): RVP Bond & SI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	
Principal occupation / Job title (See Instructions): RVP Bond & SI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/26/2025	Williams, Aaron	$38.47
	Contributor address; City; State; Zip Code: Downers Grove, IL 60515	
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: 865/889 Rpt: 868/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
07/25/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
08/08/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
08/22/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
09/05/2025	Williams, Peter Melville, NY 11747	$20.96	AVP 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: 866/889 Rpt: 869/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
10/03/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
10/17/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
10/31/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
11/14/2025	Williams, Peter Melville, NY 11747	$20.96	AVP 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: 867/889 Rpt: 870/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
11/28/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
12/12/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
12/26/2025	Williams, Peter Melville, NY 11747	$20.96	AVP Claim Management I	Travelers Indemnity Co
07/11/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
07/25/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 868/889 Rpt: 871/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
08/22/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
09/05/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
09/18/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
10/03/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 869/889 Rpt: 872/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
11/14/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
11/28/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
12/12/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co
12/26/2025	Wilson, Matthew Melville, NY 11747	$10.00	Business Development Director	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 870/889 Rpt: 873/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/11/2025	Woods, Mary **6** Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

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 ($)
07/25/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

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 ($)
08/08/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

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 ($)
08/22/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

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 ($)
09/05/2025	Woods, Mary Contributor address; City; State; Zip Code: Hartford, CT 06183	$40.87

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: 871/889 Rpt: 874/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/18/2025	Woods, Mary	$40.87
	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
10/31/2025	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 ($)
11/14/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 872/889 Rpt: 875/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	Woods, Mary	$40.87
	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Woodward, Joan	$187.50
	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 ($)
07/25/2025	Woodward, Joan	$187.50
	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: 873/889 Rpt: 876/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
08/22/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
09/05/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
09/18/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
10/03/2025	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: 874/889 Rpt: 877/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Woodward, Joan	$187.50
	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 ($)
10/31/2025	Woodward, Joan	$187.50
	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 ($)
11/14/2025	Woodward, Joan	$187.50
	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 ($)
11/28/2025	Woodward, Joan	$187.50
	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 ($)
12/12/2025	Woodward, Joan	$187.50
	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: 875/889 Rpt: 878/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
12/26/2025	Woodward, Joan Washington, DC 20005	$187.50	EVP PublicPlcy & Pres TRVInst	Travelers Indemnity Co
07/11/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
07/25/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
08/08/2025	Wucherpfennig, James Hartford, CT 06183	$50.00	VP Property	Travelers Indemnity Co
08/22/2025	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: 876/889 Rpt: 879/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	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 ($)
09/18/2025	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 ($)
10/03/2025	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 ($)
10/17/2025	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 ($)
11/14/2025	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: 877/889 Rpt: 880/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/28/2025	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 ($)
12/12/2025	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 ($)
12/26/2025	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 ($)
07/11/2025	Yamshchikov, Andrey	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Software Engineer	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Yamshchikov, Andrey	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Software Engineer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 878/889 Rpt: 881/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/08/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
08/22/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
09/05/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
09/18/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
10/03/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 879/889 Rpt: 882/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
10/17/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
11/14/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
11/28/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
12/12/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co
12/26/2025	Yamshchikov, Andrey Hartford, CT 06183	$10.00	Sr Software Engineer	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 880/889 Rpt: 883/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
07/11/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
07/25/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
08/08/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
08/22/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
09/05/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 881/889 Rpt: 884/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
09/18/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
10/03/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
10/17/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
11/14/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co
11/28/2025	Yilmaz, Omur Hartford, CT 06183	$10.00	Sr Architect	Travelers Indemnity Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 882/889 Rpt: 885/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/12/2025	Yilmaz, Omur	$10.00
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Architect	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	Yilmaz, Omur	$10.00
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Architect	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	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 ($)
07/25/2025	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 ($)
08/08/2025	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: 883/889 Rpt: 886/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 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)
08/22/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
09/05/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
09/18/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
10/03/2025	Yin, Daniel New York City, NY 10017	$211.54	EVP Co-Chief Investment Offcr	Travelers Indemnity Co
10/17/2025	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: 884/889 Rpt: 887/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/31/2025	Yin, Daniel	$211.54
	6 Contributor address; City; State; Zip Code: New York City, NY 10017	
8 Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	**9** Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/14/2025	Yin, Daniel	$211.54
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/28/2025	Yin, Daniel	$134.58
	Contributor address; City; State; Zip Code: New York City, NY 10017	
Principal occupation / Job title (See Instructions): EVP Co-Chief Investment Offcr	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/25/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	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: 885/889 Rpt: 888/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/08/2025	Ziegelmayer, Stephen	$39.40
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/22/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/18/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP 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: 886/889 Rpt: 889/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Ziegelmayer, Stephen	$39.40
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/14/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/28/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/12/2025	Ziegelmayer, Stephen	$39.40
	Contributor address; City; State; Zip Code: Hartford, CT 06183	
Principal occupation / Job title (See Instructions): AVP Circle Lead - Tech	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: 887/889 Rpt: 890/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
12/26/2025	Ziegelmayer, Stephen	$39.40
	6 Contributor address; City; State; Zip Code: Hartford, CT 06183	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Circle Lead - Tech	Travelers Indemnity Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/11/2025	Zielinski, William	$48.08
	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 ($)
07/25/2025	Zielinski, William	$48.08
	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 ($)
08/08/2025	Zielinski, William	$48.08
	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 ($)
08/22/2025	Zielinski, William	$48.08
	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: 888/889 Rpt: 891/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/05/2025	Zielinski, William **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08
8 Principal occupation / Job title (See Instructions): SVP Product Management PI	**9** Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/18/2025	Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08
Principal occupation / Job title (See Instructions): SVP Product Management PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08
Principal occupation / Job title (See Instructions): SVP Product Management PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08
Principal occupation / Job title (See Instructions): SVP Product Management PI	Employer (See Instructions): Travelers Indemnity Co	
Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/31/2025	Zielinski, William Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08
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: 889/889 Rpt: 892/894

2 FILER NAME: The Travelers Companies, Inc. Political Action Committee (T-PAC)

3 Filer ID (Ethics Commission Filers): 00087159

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/14/2025	Zielinski, William **6** Contributor address; City; State; Zip Code Hartford, CT 06183	$48.08

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 ($)
11/28/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/12/2025	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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
12/26/2025	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

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: 893/894
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)	**3** Filer ID (Ethics Commission Filers) 00087159

4 Date	**5** Corporation / Labor Organization name	**6** Amount ($)
12/31/2025	The Travelers Companies, Inc.	500.00

TEXT ANNOTATION

Sch: 1/1 Rpt: 894/894

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 $186,700.00.