



ROSS MILLER
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Elections Division
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K. RUT
SECRETARY OF STATE
ELECTIONS DIVISIONS
#1666

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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ABOVE SPACE IS FOR OFFICE USE ONLY

- New Registration
- PAC (Advocating Passage or Defeat of a Ballot Question)
- Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
- Amended Registration: check all that apply
 - Change Officers
 - Change Registered Agent
 - Change Address
 - Change Name
Previous Name of PAC _____
 - Other: Telephone _____

Name of Committee: The Travelers Companies, Inc. PAC - TPAC Telephone: (860) 277-8208

Mailing Address: One Tower Square Hartford CT 06183
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

Support candidates, issues and political parties at the Federal, State and local levels that have demonstrated their dedication to principles of good government.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Michele Balady Telephone: (702) 396-4532

Physical Address: 7450 Arroyo Crossing, Suite 250 Las Vegas NV 89113
Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Signature on file

Signature of Registered Agent

Date:



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ **Telephone:** _____
 Glenn Westrick, Chairman (860) 277-8208

Mailing Address: _____
 One Tower Square Hartford CT 06183
 Street Name, Number City State Zip Code

Officer Name and Title: _____ **Telephone:** _____
 Katie Chipps, Treasurer (860) 277-8208

Mailing Address: _____
 One Tower Square Hartford CT 06183
 Street Name, Number City State Zip Code

Officer Name and Title: _____ **Telephone:** _____
 Lydia Ouellette, Assistant Treasurer (860) 954-3176

Mailing Address: _____
 One Tower Square Hartford CT 06183
 Street Name, Number City State Zip Code

Officer Name and Title: _____ **Telephone:** _____
Mailing Address: _____
 Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: _____ **Telephone:** _____
 The Travelers Insurance Company (860) 277-8208

Mailing Address: _____
 One Tower Square Hartford CT 06183
 Street Name, Number City State Zip Code

Name of Organization: _____ **Telephone:** _____
Mailing Address: _____
 Street Name, Number City State Zip Code

Name of Organization: _____ **Telephone:** _____
Mailing Address: _____
 Street Name, Number City State Zip Code

SUBMITTED BY:

X 
 Signature of Representative of Group

Printed Name: **Katie B. Chipps**

Date: **3/24/14**

Telephone: **860.277.8208**