



Elaine F. Marshall, North Carolina Secretary of State

2016 LOBBYIST EXPENSE REPORT – ZERO EXPENSE SHORT FORM

If you have reportable expenditures, use Form LR-ER long form.

MAILING ADDRESS: Lobbying Compliance Division
Department of the Secretary of State
PO Box 29622
Raleigh, NC 27626-0622

PHONE: (919) 807-2170

FAX: (919) 807-2205

EMAIL: lobbyistfiling@sosnc.com

STREET ADDRESS: 2 South Salisbury Street
Raleigh, NC 27601-2903

WEB: <http://www.secretary.state.nc.us/lobbyists/security.aspx>

AMENDED REPORT (Check if amending previously filed report.)

Original Tracking # _____

PERIOD: Quarter Ended March 31, 2016
 Quarter Ended June 30, 2016

Quarter Ended September 30, 2016
 Quarter Ended December 31, 2016

Name of Lobbyist as Registered: John D. Miletti

Complete Name of Principal: The Travelers Companies, Inc. & Subsidiaries

IMPORTANT INSTRUCTIONS FOR LOBBYIST AND NOTARY

THE LOBBYIST **MUST SIGN AND DATE HERE TO CERTIFY THE REPORT UNDER OATH. VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.**

STATE OF Connecticut
COUNTY OF Hartford

The undersigned, being first duly sworn, hereby certifies that he/she has no expenditures pursuant to N.C.G.S. § 120C-402 to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

[Handwritten Signature]
Signature of Lobbyist

7/12/16
Date

Sworn to (or affirmed) and subscribed before me,
this 12th day of JULY, 2016.

[Handwritten Signature]
Signature of Notary Public

LINDA M. Kocius
Printed Name of Notary Public

My commission expires: 4/30/18

(NOTARY STAMP OR SEAL)

Signature of Report Preparer: _____

Printed Name of Report Preparer: _____

DO NOT COMPLETE UNLESS REPORT PREPARER IS A PERSON OTHER THAN THE REPORTING LOBBYIST WHO EXERCISED INDEPENDENT JUDGMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN.