



Elaine F. Marshall, North Carolina Secretary of State

2017 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
EMAIL: lobbyistfiling@sosnc.com
WEB: <https://www.sosnc.gov/Lobbyists/>

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

AMENDED REPORT (Check if amending previously filed report.) Original Tracking # _____

PERIOD: Quarter Ended March 31, 2017 Quarter Ended September 30, 2017
 Quarter Ended June 30, 2017 Quarter Ended December 31, 2017

Name of Lobbyist as Registered: John D. Miletti

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

- I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR
- I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

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.

Signature of Lobbyist

Date

Sworn to (or affirmed) and subscribed before me,

this 3RD day of APRIL, 2017.

Signature of Notary Public

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.