



Elaine F. Marshall, North Carolina Secretary of State

# 2019 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

**WEB:** <https://www.sosnc.gov/>

**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, 2019  Quarter Ended September 30, 2019  
 Quarter Ended June 30, 2019  Quarter Ended December 31, 2019

**Name of Lobbyist as Registered:** John D. Miletta

**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 (Must be filled in)

COUNTY OF Hartford (Must be filled in)

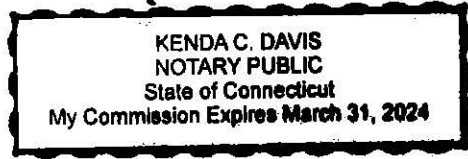
The undersigned, being first duly sworn, hereby certifies that he/she has no expenditures pursuant to N.C.G.S. § 120C-402 to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and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

Signature of Lobbyist \_\_\_\_\_

10/7/19  
Date

Sworn to (or affirmed) and subscribed before me,  
this 7th day of October, 2019.

Kenda C. Davis  
Signature of Notary Public



Printed Name of Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_ (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.**