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

Name of Lobbyist as Registered: John D. Miletii

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 ____________________________  
(Country)  
(City)

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, correct and complete to the best of his/her knowledge and belief.

Signature of Lobbyist  
7/18/19

Sworn to (or affirmed) and subscribed before me,

this 8th day of July, 2019.

Signature of Notary Public

KENDA C. DAVIS  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires March 31, 2024

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.