Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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## **LOBBYING REGISTRATION**

| Lobbying Disclosure Act of 1995 (Section 4) |  |                     |                |                                   |                       |                        |              | -0                |
|---|--|---------------------|----------------|-----------------------------------|-----------------------|------------------------|--------------|-------------------|
| Check One:                                  | New Registrant V New Client for I  | Existing Registrant | Amendme        |                                   | 7.00                  |                        |              |                   |
| 2. House Identification 30750               |  |                     |                | 1. Effective Date of Registration |                       |                        |              |                   |
|   |  |                     | Mate, guerra   | Ser                               | iate Idei             | ntificatio<br>-        | n            | 216               |
| REGISTR                                     | RANT Organization  | Individual          |                |                                   |                       |                        |              |                   |
| 3. Registrant                               | Organization King & Spaldi   | ing LLP             |                |                                   |                       |                        |              |                   |
| Address 170                                 | 0 Pennsylvania Ave NW  |                     | Address2       | 2                                 |                       |                        | <u></u>      | -                 |
| City Was                                    | shington   |                     | State          | DC                                | Zip                   | 20006                  |              |                   |
| 4::Principal pla                            | ce of business (if different than l  | line 3)             |                |                                   |                       |                        |              |                   |
| City  | ·  | •                   | State          |                                   | Zip                   |                        | _            | _                 |
| 5. Contact name                             | e and telephone number   |                     | <del></del>    |                                   | <u> </u>              |                        |              | — `               |
| Contact Mr.                                 | Theodore M. Hester   | T-lb                | International  |                                   |                       |                        |              |                   |
|   |  | <del></del>         | (202) 737-0500 | _                                 | E-mail                | thester@k:             | slaw.com     |                   |
|   | ription of registrant's business or  | r activities        |                |                                   |                       |                        |              | •                 |
| Law Firm                                    |  |                     |                |                                   |                       |                        |              |                   |
| 7. Client name                              | A Labbying Firm is required to file labeled "Self" and proceed to line The Travelers Companies Inc.            | 10. 🗀 Se            |                |                                   |                       |                        |              | , 10 · 0 · 0 · 10 |
| Address                                     | 385 Washington Street  |                     |                |                                   |                       |                        |              |                   |
| City  | Saint Paul   |                     | State          | MN                                | Zip                   | 55102                  | •            | С                 |
| 8. Principal plac                           | e of business (if different than li  | inc 7)              |                |                                   |                       |                        |              |                   |
| City  |  |                     | State          |                                   | <b>Ž</b> ip           |                        | •            | C                 |
| 9. General descr                            | iption of client's busines or activ  | ities               |                | ***                               | <b>-</b> .            |                        |              | <u> </u>          |
| Insurance                                   |  |                     |                |                                   |                       |                        |              |                   |
| LOBBYIST                                    | `S   |                     |                | -                                 |                       |                        | -            |                   |
| 10. Name of each this section has s         | h individual who has acted or is e<br>served as a "covered executive bra<br>e client, state the executive and/ | 3000 02710401" ~~   | "              | slative l<br>vhich th             | oranch of<br>e person | fficial" wi<br>served. | ithin two    | years             |
| First                                       | Last   | Suffix              | 1              | C                                 | overed Off            | clal Position          | (if applicat | ole)              |
| George C.                                   | Crawford   |                     | Chief of St    | aff, Ho                           | use Dem               | ocratic L              | eader Na     | ncv Pe            |
| Thomas J.                                   | Spulak   |                     |                | ·                                 |                       |                        |              |                   |
| Erica M.                                    | Long   |                     | <u> </u>       |                                   |                       |                        |              |                   |
| Allison F.                                  | Kassir   |                     | <u> </u>       |                                   |                       | <del></del>            | _            |                   |

| © |  |
|---|--|
|   |  |

US, DST ACES Business Representative, ACES Trusted Business Certificate, Theodore M Hester

Date

03/0

Digitally Signed By: Theodore M Hester

Printed Name and Title Theodore M. Hester, Partner

⑤Signature ъ