

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK  
INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHAW, ANNE M, , ,**

Mailing Address 2088 CHESWICK LANE

City  
AURORA

State  
IL

Zip Code  
60503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS INSURANCE EXCHANGE

Occupation (for Individual)  
HIGH EXPOSURE ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2019

Transaction ID : INCA176305

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHAW, ANNE M, , ,**

Mailing Address 2088 CHESWICK LANE

City  
AURORA

State  
IL

Zip Code  
60503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS INSURANCE EXCHANGE

Occupation (for Individual)  
HIGH EXPOSURE ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2019

Transaction ID : INCA176770

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SYLVAN, AUDREY, , ,**

Mailing Address 3 BINGHAM COURT

City  
BRATENAHL

State  
OH

Zip Code  
44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS GROUP INC.

Occupation (for Individual)  
TERRITORY PRODUCT LEAD - MAJOI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

621.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2019

Transaction ID : INCA176334

Amount of Each Receipt this Period

103.52

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

183.52

**TOTAL** This Period (last page this line number only)..... ►