

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

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

FOR LINE NUMBER: PAGE 57 OF 156

(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. PFEIL, GLENN A, , ,**

Mailing Address 4913A THREADNEEDLE ROAD

City  
GREENVILLE

State  
DE

Zip Code  
19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS GROUP INC

Occupation (for Individual)  
PRESIDENT, 21ST CA & HI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

Transaction ID : INCA147359

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

**B. PICKETT, MICHAEL W, , ,**

Mailing Address 8105 W 130TH STREET

City  
OVERLAND PARK

State  
KS

Zip Code  
66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS GROUP INC

Occupation (for Individual)  
AREA SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.23

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

Transaction ID : INCA147360

Amount of Each Receipt this Period

29.86

☐ Memo Item

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

**C. POPP, MAURA C, , ,**

Mailing Address 332 MERION AVE.

City  
HADDONFIELD

State  
NJ

Zip Code  
08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FARMERS GROUP INC

Occupation (for Individual)  
DEPUTY GEN COUNSEL 21ST C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

Transaction ID : INCA147363

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

114.86

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