

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 (Last, First, Middle Initial)

A. FARMERS GROUP, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Mailing Address 6303 OWENSMOUTH AVE, 2ND FLOOR

Transaction ID : EXPB105044

City State Zip Code
WOODLAND HILLS CA 91367

Amount of Each Disbursement this Period

122.78

Purpose of Disbursement
FOOD FOR FUNDRAISING EVENT

011
Category/ Type

Candidate Name

LOU CORREA FOR CONGRESS

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 46	

Full Name (Last, First, Middle Initial)

B. MCCLINTOCK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Mailing Address 2150 RIVER PLAZA DR., #150

Transaction ID : EXPB105045

City State Zip Code
Sacramento CA 95833

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

THOMAS MCCLINTOCK

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 04	

Full Name (Last, First, Middle Initial)

C. CARLOS CURBELO CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Mailing Address 8724 SW 72ND STREET

Transaction ID : EXPB105053

City State Zip Code
Miami FL 33173

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

CARLOS CURBELO

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL District: 26	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5122.78

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