FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 8
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
FARMERS GROUP, INC., FARMERS INSUR	RANCE EXCHANGE, FIRE INSURANCE EXCHAI	NGE AND TRUCK INSURANCE EXCHANGE F	POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC
ADDRESS (number and street)	2350 KERNER BLVD., SUITE	250	
(Check if address	1		
is changed)	SAN RAFAEL CITY▲		CA 94901 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF			
 (Check if address is changed) 	fecform1@nmgovlaw.c	om	
	Optional Second E-Mail Add	lress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE 09	21 ⁷ Y Y Y Y 2022		
3. FEC IDENTIFICATION I	NUMBER ► C co	0135681	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasu	rer AURORA, JOEL, , ,		
Signature of Treasurer	RORA, JOEL, , ,	[Electronically Filed]	Date 09 / 21 / 2022
NOTE: Submission of false, erro		may subject the person signing the figure of the subject the person signing the subject to the s	nis Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	

Image# 202209219531809468

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5.	TYPE O	F COMMITTEE:	
	Candid	ate Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name Candic		
	Candic Party /	Affiliation Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Canc	e of lidate	
	Party C	Committee: This committee is a (National, State (Democratic, or subordinate) committee of the Republican,	etc.) Party
	Politica	I Action Committee (PAC):	
	(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
		Corporation Corporation w/o Capital Stock	ganization
		Membership Organization Trade Association Cooperat	ive
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
		In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

	FEC Form 1 (Revised 0	02/2009)								Pa	ige 3	
W	rite or Type Committee Name											
	FARMERS GROUP, INC., FARMERS INSUR	ANCE EXCHANGE, FIRE INSURANCE	EXCHANGE AND TRU	JCK INSUR	ANCE EXC	HANGE PO	LITICAL AG	TION CO	MMITTEE AK	A FARMERS I	NSURANCE PA	0
6.	Name of Any Connected O FARMERS GROUP,	-	ommittee, Joi	nt Fund	draisin	g Repre	esentat	ive, o	^r Leadei	ship PAC	C Sponso	r
	Mailing Address	6303 OWENSMOUTH A	VE., 2ND FLOC	PR								
							CA		91367		-	
			CITY ▲				STATE			ZIP CC	DE 🔺	

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

D. KAUNE,	JASON, , ,
Full Name	
Mailing Address	2350 KERNER BLVD., SUITE 250
	SAN RAFAEL CA 94901
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 415 - 389 - 6800

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	D. KAUNE, JASON, , ,
of Treasurer	
Mailing Address	2350 KERNER BLVD., SUITE 250
	SAN RAFAEL CA 94901
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
Treasurer	Image:

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	2350 KERNER BLVD., SUITE 250	
	SAN RAFAEL CA 94901 Image: Image of the image. CA 94901 Image of the	
	CITY A STATE A Z	
Title or Position	•	
Assistant Treasu	rer Telephone number	89 - 6800

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK	OF MARIN		
Mailing Address	504 TAMALPAIS DRIVE		
		CA 94925	
	CITY ▲	STATE 🔺 🛛 Z	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE 🔺 💈	

TITLE OR POSITION V

FEC Form 1S (Revised 02/		ional Supplemental Ir Lines 5(g) or (h), 6, 8		Page _ ⁵ of 8
) or (h). Joint Fundraisir	ng Participant:			
	ig i al dolpand	I	FEC ID number	С
1.				
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name of Any Connected	Organization, Affiliate	ed Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Sponsor
-	-			GOVERNMENT (Z-PAC)
	⊥ 1201 F ST., NW			
Mailing Address				
	WASHINGTON			20004
Relationship:	WASHINGTON			
			L STATE ▲	
Connecte	d Organization	filiated Committee	L STATE ▲	
	d Organization	filiated Committee	L STATE ▲	
Connecte	d Organization	filiated Committee	L STATE ▲	
Designated Agent: Identif	d Organization	filiated Committee	L STATE ▲	
Designated Agent: Identif	d Organization	filiated Committee	L STATE ▲	

Telephone Number

ZIP CODE

STATE A

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. 9.

CITY A

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1

Name of Bank, Depository, etc.																							
Mailing Address																							
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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2 FEC ID number			
2. FEC ID number	_		
3 FEC ID number C			
4 FEC ID number			

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FARMERS INSURANCE EXCHANGE

Mailing Address	6303 OWENSMOUTH AVE., 2ND FLOOR		
			91367
Relationship:	CITY 🔺	STATE A	ZIP CODE
× Connected	Organization Affiliated Committee J	oint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
																							-		
TITLE OR POSITION	▼				С	ITY	(S	TAT	E				ZIP	C	OD	E		
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
	RE INSURANCE	Drganization, Affiliated Committee, Joint Fundra E EXCHANGE		e, or Leadership PAC Sponsor
	Mailing Address	6303 OWENSMOUTH AVE., 2ND FLOOR		
		WOODLAND HILLS		91367
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	× Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
Fu	III Name			
М	ailing Address			
т	TILE OR POSITION		STATE A	ZIP CODE
L			ephone Number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																								
Mailing Address																								
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1. [FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TRUCK INSURANCE EXCHANGE

Mailing Address			
			91367
Relationship:	CITY 🔺	STATE A	ZIP CODE
× Connected	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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