

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

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

FOR LINE NUMBER: PAGE 7 OF 108

(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. ANDREWS, WARD C, , ,

Mailing Address 9812 W. TORMEY ROAD

City  
 NINE MILE FALLS

State  
 WA

Zip Code  
 99026

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 FARMERS INSURANCE EXCHANGE

Occupation (for Individual)  
 SUPERVISING ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2019

Transaction ID : INCA181666

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City  
 GARRETTSVILLE

State  
 OH

Zip Code  
 44231

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 FARMERS GROUP INC.

Occupation (for Individual)  
 BU COMPLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2019

Transaction ID : INCA181270

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

C. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City  
 GARRETTSVILLE

State  
 OH

Zip Code  
 44231

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 FARMERS GROUP INC.

Occupation (for Individual)  
 BU COMPLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2019

Transaction ID : INCA181710

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

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

40.00