

**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. MCCLINTOCK FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**THOMAS MCCLINTOCK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : EXPB87718**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. WENDY GREUEL FOR CONGRESS**

Mailing Address 777 S. FIGUEROA STREET, STE. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**WENDY GREUEL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : EXPB87720**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3500.00

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

15500.00